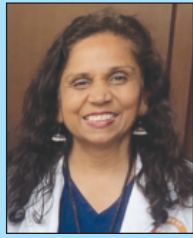


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November 2026

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS
OUR 23RD YEAR SERVING THE HEALTHCARE COMMUNITY!



Marc Egort

2026 Year-End Tax Planning for Healthcare Professionals

*A practical look at the
decisions worth
making before
December 31*

BY MARC EGORT, CPA

After working with healthcare professionals and practice owners for many years, I have come to appreciate that the most useful tax planning conversations rarely begin with the tax return. They begin with a simple question: How is the practice actually performing, and what decisions can we make now that will put the owner in a better position next year?

That question is especially relevant as we approach the end of 2026. Physician groups, dental practices and other healthcare businesses continue to deal with pressure on reimbursement, labor costs and overhead. A tax deduction may be valuable, but it does not necessarily improve the economics of the

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Hospice

How VITAS® Healthcare's Erika Gaudio is Helping Improve Understanding of Hospice Care

BY VANESSA ORR

When a person is nearing the end of his or her life, hospice care can be a blessing. But many families may not understand exactly how it works and the many ways that their loved ones can benefit. Surprisingly, the same is true of healthcare professionals that may not be familiar with how hospice can make a significant difference in the lives and care of their patients.

Erika Gaudio, executive vice president of sales and marketing, VITAS® Healthcare, has made it her mission to share this information. As the leader of VITAS' national business development, marketing, communications, and sales and admissions training teams, she is focused on expanding access to care, strengthening healthcare partnerships, developing VITAS' people, and finding new ways



Erika Gaudio

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Baptist Health Palliative Medicine Program Helps Cancer Patients, Families at Every Stage of Treatment



Baptist Health Herbert Wertheim Cancer Institute

BY VANESSA ORR

Siglinda Flores, APRN, Baptist Health South Florida, has always felt that palliative care was her calling. As a person who cares for patients who are being treated for cancer, she understands how important it is to not only meet their physical and psychological needs, but to work with their families and loved ones to prepare them for every stage of the medical journey.

Continued on page 14

Education



Florida Atlantic Expands Nursing Opportunities with New Traditional BSN Track

BY DANIEL CASCIATO

As South Florida healthcare organizations continue to compete for nurses, Florida Atlantic University is expanding its undergraduate nursing offerings with another route into the profession.

FAU's Christine E. Lynn College of Nursing is launching a new Traditional Bachelor of Science in Nursing track, with the first cohort scheduled to begin in May 2027. The limited-access, competitive program is designed for students who have completed Florida Atlantic's

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Publisher's Note

Old Friends: The Best Medicine Money Can't Buy

In today's healthcare world, staying healthy has become a full-time job. We monitor our blood pressure, count our steps, watch our cholesterol, and take enough pills to make a pharmacist consider naming a shelf after us. Our doctors have patient portals, our watches have opinions about our heart rates, and our insurance companies have perfected the art of making us sick before we even get an appointment.

Yet one of the best prescriptions for healthy aging may be sitting right under our nose: old friends. Carol and I recently took a little time to test the theory, taking a road trip to visit several old friends along the Florida coast. And I mean really old – friends for close to 5 decades.

These are the friends who remember when our hair was naturally colored, our eyesight required no accessories, and getting out of a chair didn't involve a complicated three-point maneuver. They knew us when we actually played tennis, I was an avid scuba diver, and we still discussed vacation plans instead of comparing medication lists.

Old friends are good for the soul even the ones who are no longer with us and can only contribute to our happy memories. They make us laugh, keep our minds active, and remind us that we are more than a collection of medical records and prescription renewals. A good friend can reduce stress, ease loneliness, and make life feel a little lighter. Best of all, friendship has no deductible, no copayment, and no requirement for preapproval.

Of course, getting together requires some planning. One friend can't drive at night, another can't hear the conversation, and a third insists on meeting at a restaurant where the menu requires a magnifying glass. By the time everyone agrees on a date, time, and location, we may need medical clearance just to attend.



But after our little road trip, I can attest that it's worth the trouble.

And let's not forget new friends. Every old friend was once a stranger who hadn't yet heard our favorite stories. That interesting person at the book club, the neighbor walking a dog, or the fellow patient complaining about healthcare costs might become a lifelong companion. Give them time. Eventually, they'll know your medical history almost as well as your primary care physician.

In a world where healthcare costs can make our blood pressure rise all by themselves, friendship offers an affordable form of preventive care. There's no billing code for laughing until your sides hurt, reminiscing about old adventures, or discovering that someone else has also forgotten why they walked into the kitchen.

Of course, friends cannot replace doctors, medications, screenings, or sensible exercise. But as Carol wisely said they can remind us to live while we're busy trying to stay alive.

So, call an old friend. Invite a new one to lunch. Put down the health app for an hour and pick up the telephone.

After all, an apple a day may keep the doctor away, but a good friend can make the doctor's waiting room considerably more entertaining.

And if you both forget what you were talking about, don't worry. That's what the next lunch is for.

Charles Felix



You can reach Charles Felix at Charles@southfloridahospitalnews.com

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This year, *U.S. News & World Report* ranked Nicklaus Children's Hospital as **#1 in Florida**,* with eight specialties recognized among the nation's best.



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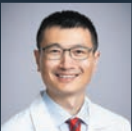
To refer a patient, call (561) 253-3980 or visit [CancerCenterofSouthFlorida.com](https://www.CancerCenterofSouthFlorida.com).



Abraham Schwarzbarg, MD



Sanjay Awasthi, MD



Xu Guang Scott Chen, MD



Kimmerle “KC” Cohen, MD



Kelly Foster, MD



Varun Gupta, MD



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Vijay Narendran, MD, MBA



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Marshall Posner, MD



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Sujal Shah, MD



Eugene Shieh, MD



Raymond Tsao, MD



Shaping the Future of Medicine: A Strategic Vision for MDCMA

Medicine is, fundamentally, a commitment to patients, grounded in science, guided by clinical judgment, and sustained by trust. Yet, as healthcare evolves, the physician-patient relationship faces growing pressures that challenge the very foundation of our profession. At this pivotal moment, we must ask ourselves how we can preserve what makes medicine meaningful while preparing for what comes next.

Founded in 1903, the Miami-Dade County Medical Association (MDCMA) has served generations of physicians through profound changes in medicine, science, and society. Our association's more than 120 years of service demonstrate the enduring value of physicians coming together around a shared purpose. That legacy is an extraordinary asset, but it also comes with a responsibility: to ensure our organization remains relevant, responsive, and prepared to serve future generations.

Since becoming president of the MDCMA in June, I have made a strategic review of our organization a priority. This exercise is an opportunity to build on our legacy while taking an honest look at who we are, whom we serve, and where we must go. We are examining our vision and mission, priorities, and programs to ensure they reflect today's realities and tomorrow's opportunities. Four pillars are central to this conversation: advocacy and public policy, career success, connections and member enrichment, and association excellence.

Advocacy remains at the heart of our work. Physicians face increasingly complex regulatory requirements, insurance challenges, and financial pressures that can interfere with clinical autonomy and the delivery of care. The MDCMA must continue to provide a strong, unified voice for physicians while advancing policies that protect the physician-patient relationship, improve access to care, and keep patients' interests at the center of healthcare decisions.

Career success means supporting physicians throughout their professional journeys, regardless of specialty, career stage, or practice setting. From medical students and residents to established physicians and those approaching retirement, our association must provide meaningful opportunities for education, mentorship, and guidance. We must help physicians navigate a changing healthcare landscape.

The MDCMA is committed to ensuring every physician feels supported, connected and valued. Through leadership development, special interest groups for physicians at every career stage, wellness programs, and networking, education, research and volunteer opportunities, we foster belonging, professional growth and a stronger



BY JULIE KANTOR,
MD, FAAP

medical community.

Community Engagement extends our responsibility beyond membership. By partnering with healthcare institutions, academic centers, civic leaders and community organizations, we connect physicians' expertise with local needs, strengthen trust and advance the health and well-being of Miami-Dade County residents.

Since 1903, the MDCMA has remained a dynamic and influential voice for physicians in Miami-Dade County. Through dedicated volunteer leadership, responsible financial stewardship, strategic membership recruitment and retention, and a strong administrative team, the association is committed to organizational excellence and long-term sustainability. By strengthening its governance, modernizing its operations and investing in its members, the MDCMA will preserve its legacy while evolving to meet the changing needs of physicians and the future of medicine.

These priorities become even more important as artificial intelligence (AI) transforms healthcare. While AI offers opportunities to improve diagnostics, education, and efficiency, it also raises questions about privacy, accountability, and clinical judgment. Innovation must not replace the expertise, compassion, and personal connection that patients deserve.

MDCMA's future depends on our willingness to evolve without losing sight of our values. Our strategic review must be a collective effort, informed by the experiences, concerns, and aspirations of the physicians we represent.

I invite every physician in Miami-Dade County to take part in this process. An organization founded in 1903 belongs not only to its history, but also to the generations who will shape its future. Your voice can help determine how MDCMA advocates for our profession, supports career success, and engages with our community for decades to come.

Our voice is strongest when we stand together. Join MDCMA and help us define the next chapter of our shared legacy. The future of our association and the future of medicine in Miami-Dade County must be shaped by the physicians who live it every day.

Join MDCMA today. Add your voice. Help shape what comes next.

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



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For Every Care in the World

Medicare Advantage Open Enrollment: Why Provider Network Participation Matters in 2027

As Medicare's annual Open Enrollment period begins, much of the attention naturally centers on beneficiaries evaluating their coverage options for the coming year. However, the decisions made during this period can have equally significant consequences for hospitals, physician groups, and other healthcare providers, particularly as Medicare Advantage organizations adjust their provider networks, participation requirements, and contractual arrangements.

With the 2027 coverage year approaching, healthcare organizations should be examining not only which Medicare Advantage plans their patients may select, but also whether their own providers, facilities, and practice locations will remain properly credentialed and recognized as participating providers.

For many organizations, overlooking these details can result in interrupted patient relationships, unexpected claim denials, and substantial reimbursement delays.

Provider credentialing and network participation are often treated as administrative responsibilities, but their financial implications can extend far beyond the credentialing department. A physician may have an established relationship with a Medicare Advantage payor, yet a newly hired practitioner or additional practice location may not be properly reflected in the payor's participating provider records.

Similarly, changes in network composition, plan offerings, or contractual arrangements may affect whether services are reimbursed under participating-provider rates. A provider's participation with one Medicare Advantage product does not necessarily establish participation with every product offered by the same insurance company.

These distinctions become especially important when patients transition between Medicare Advantage plans during Open Enrollment, which runs from October 15 through December 7, 2026, for coverage beginning January 1, 2027.

Healthcare organizations should therefore consider conducting a comprehensive review of their Medicare Advantage relationships before the new coverage year begins. This includes confirming participation status with each applicable payor, verifying that individual practitioners and practice locations are accurately reflected in provider rosters, and ensuring that credentialing and recredentialing requirements remain current.

Provider directory accuracy also deserves particular attention. Incorrect addresses, specialty classifications, network designations, or other identifying



BY TREVOR BIGLIN,
ESQ.

information may create confusion for patients selecting coverage and contribute to administrative disputes when claims are submitted.

Importantly, providers should not assume that an inaccurate directory listing necessarily establishes or eliminates contractual network participation. The underlying participation agreement, credentialing approvals, effective dates, and communications with

the payor may ultimately determine the provider's rights.

When discrepancies arise, healthcare organizations should document their efforts to obtain clarification or correction. Maintaining credentialing approvals, participation agreements, correspondence, roster confirmations, and relevant claim determinations can become particularly important if a disagreement later develops concerning network status or reimbursement.

Although many credentialing discrepancies can be resolved administratively, others may implicate substantive contractual issues. For example, a payor may deny claims based upon an alleged lack of participation despite a provider's understanding that credentialing and contractual requirements were satisfied. In other circumstances, disagreements may arise concerning participation effective dates, reimbursement methodologies, or the propriety of network termination.

Such disputes require distinguishing between incomplete administrative enrollment and potential failures to comply with contractual obligations. The appropriate remedy depends upon the applicable agreement, governing law, and specific circumstances.

As Medicare Advantage plans and provider networks continue evolving, proactive credentialing oversight should be viewed as an important component of revenue protection and patient access. Confirming network relationships before January 1 can help providers reduce avoidable disruptions while preserving documentation necessary to address reimbursement disagreements.

Abril Law assists healthcare providers with managed care contract interpretation, network participation disputes, credentialing-related reimbursement issues, and challenges involving improper claim denials. Where administrative efforts prove unsuccessful, our attorneys evaluate available contractual and legal remedies to help providers protect their participation rights and pursue reimbursement for services rendered.

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

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Tampa General Physicians Discuss Changes to Skin Cancer Referrals at Recent Panel Event

At a recent community panel, three TGH Cancer Institute | Cancer Center of South Florida (CCSF) specialists — Dr. Sanjay Awasthi (medical oncology), Dr. X. Scott Chen (radiation oncology) and Dr. Kimmerle “KC” Cohen (surgical oncology) — as well as Dr. C. Nicole Hawkins, a dermatologist with the USF Health Morsani College of Medicine, laid out how skin cancer management has shifted in ways that affect referral timing and destination, not just patient counseling. For referring physicians, several of these shifts are worth building into practice now.

Sentinel lymph node biopsy threshold moved

For years, a tumor depth of 1 mm was the cutoff for recommending a sentinel lymph node biopsy in melanoma — a procedure that checks whether cancer has begun spreading to nearby lymph nodes. Dr. Cohen noted that TGH surgical oncology now uses a lower threshold, 0.7 mm, based on updated research building on Dr. Donald Morton’s original studies. In practice, that means some melanomas that used to be treated with excision alone are now candidates for node staging. Tumor depth remains the most useful detail to flag at referral, along with whether the tumor is ulcerated. The depth factor now carries more weight in staging than the older mitotic index measurement.

Combined treatment expands what’s operable

Dr. Chen presented a case of basal cell carcinoma growing near the corner of the eye, where surgery risked damaging the eyelid. Instead of extensive reconstructive surgery, the case was managed with a targeted oral medication combined with radiation, preserving eyelid function with minimal visible change three years later. For skin cancers in hard-to-treat spots — around the eyes, nose or ears — this is a reason to bring in radiation and medical oncology early, rather than assuming surgery is the only option, especially for patients who aren’t good surgical candidates.

Immunotherapy given earlier in disease course

According to Dr. Awasthi, immunotherapy given after surgery — to lower the risk of recurrence — is now standard for stage III melanoma and increasingly used for stage II. This treatment is a real shift from just a few years ago. Giving immunotherapy before surgery is also gaining ground for larger or harder-to-remove tumors, ideally starting within about 12 weeks of diagnosis. For any melanoma at stage II or higher, bringing in medical oncology earlier rather than waiting until after surgery can provide options that aren’t available once the recovery window has closed.

The treatment tool kit has genuinely expanded, according to Dr. Awasthi, which matters most for patients who’ve stopped responding to first-line therapy or who fall into rare subtypes:

- Melanomas with a BRAF gene mutation can now be treated with targeted pills that produce strong, sometimes lasting responses even in stage IV disease. It’s reasonable to request genetic testing at diagnosis rather than waiting until standard treatment fails.
- A newer class of drugs (including tebentafusp) offers an option for patients whose



(l-r) Dr. C. Nicole Hopkins, with the USF Health Morsani College of Medicine, and Dr. X. Scott Chen, Dr. Kimmerle “KC” Cohen and Dr. Sanjay Awasthi, all with the TGH Cancer Institute | Cancer Center of South Florida, shared insights on skin cancer at a recent community panel held at Loggerhead Marinelife Center.

cancer has stopped responding to standard immunotherapy. Included in this drug class is the first approved treatment for metastatic ocular melanoma, which is a rare form most community practices infrequently see, if ever. Familiarity with these newer drugs is a real reason to consider a practice affiliated with an academic health system.

- Side effect management has also come a long way since the earliest immunotherapy drugs. Hormonal, digestive and liver-related side effects are now well understood and managed proactively rather than caught after the fact.

Dr. Cohen mentioned that when it comes to referrals, straightforward basal and squamous cell cancers in easy-to-reach locations remain well within a dermatologist’s normal surgical care.

The cases worth an earlier, more deliberate referral to a comprehensive, multidisciplinary cancer program are those with a melanoma depth of 0.7 mm or more, a difficult or cosmetically sensitive location, stage II disease or higher, a prior treatment that’s stopped working, or a rare subtype (such as ocular melanoma, Merkel cell carcinoma or skin lymphoma). These scenarios illustrate where the gap in experience and drug access is largest between community and academic health settings.

For more information about the referral process at TGH Cancer Institute | CCSF, please call (561) 253-3980.

UHealth Expands Presence with New UHealth North Miami Location

The University of Miami Health System is expanding access to primary and specialty care in North Miami as eight physicians from Physicians Group of South Florida join UHealth.

Five primary care physicians will continue seeing patients at the practice’s existing location, which will become UHealth North Miami. Three gastroenterologists will transition their practices to UHealth SoLé Mia Medical Center, connecting patients with the comprehensive specialty care and resources available at UHealth’s newest outpatient medical center.

The physicians joining UHealth North Miami are Jane S. Cohen, M.D.; Martin Drost, M.D.; Leilany Irizarry-Colon, M.D.; Danny Abouekde, D.O.; and Jonathan Pomper, M.D.

Gastroenterologists David Cohen, M.D.; Arin Newman, M.D.; and Daniel Wolfson, M.D. will see patients at UHealth SoLé Mia in North Miami.

The practice has deep roots in the community, dating to its founding in Miami Beach in 1967. Its physicians have served patients in the North Miami area for approximately 20 years, including about 15 years at the current location.

For existing patients, the transition is designed to provide continuity with the physicians they know while expanding their connection to the broader UHealth system. As UHealth patients, they will have access to MyChart and a more integrated network of primary, specialty and subspecialty care.

The proximity of UHealth North Miami and UHealth SoLé Mia also creates opportunities for greater coordination among primary care physicians, gastroenterologists and other UHealth specialists, helping patients access more of their care close to home.



*Top row (l-r): Dr. Danny Abouekde, Dr. Martin Drost, Dr. Jonathan Pomper
Bottom row (l-r) Dr. Leilany Irizarry-Colon, Dr. Jane Cohen*

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Cleveland Clinic Is Florida's Destination for Cancer Care



BY JENNIFER WILLIAMSON

After a century of caring for patients, including more than three decades in Florida, Cleveland Clinic knows what matters most to patients facing a cancer diagnosis. Patients want to have access to high-quality, comprehensive cancer services close to home.

Commitment to industry standards

Cleveland Clinic's three cancer centers in Florida work together to ensure patients receive the care they need, including access to leading treatment options and clinical trials.

The Florida-based cancer care team also harnesses the full resources of the Cleveland Clinic enterprise, including collaboration with the Cleveland Clinic Cancer Institute in Cleveland, Ohio, which is one of the top cancer centers in the country and part of the NCI-designated Case Comprehensive Cancer Center.

Each Florida cancer center has independently earned recognition for providing quality cancer care, including accreditation by the American College of Surgeons' Commission on Cancer® and designation as Radiation Oncology Accredited Facilities by the American College of Radiology.

Collaboration across specialties

Comprehensive cancer care is delivered by experts and clinicians representing multiple specialties from medical oncology, radiation oncology, radiology, pathology, surgery and multiple subspecialties, plus experienced technicians, registered oncology nurses, social workers, patient navigators and support staff working together to provide patient-centered care.

Teams of specialists conduct weekly cancer conferences to review and discuss cases and develop personalized treatment plans that may include:

- Expert surgical care with access to minimally invasive and robotic-assisted approaches
- Chemotherapy or immunotherapy treatments delivered in infusion suites focused on patient safety and comfort
- Advanced radiation therapies using state-of-the-art technology, including

intensity-modulated radiation therapy and intraoperative radiation therapy

- Participation in clinical trials and cancer research under the direction of leading physician scientists

Patient navigation services

Cleveland Clinic has a team of specially trained patient navigators deployed across three Florida cancer centers who work closely to support regional care coordination. They streamline care team communication and provide patients with step-by-step guidance. They enhance the patient experience and the delivery of cancer care by increasing cancer treatment adherence, reducing care delays, promoting education and lifestyle changes, and providing emotional and psychosocial support throughout a patient's cancer journey. Combined, they guide thousands of patients a year through their treatments for solid tumor and blood cancers.

Compassionate, holistic care

Cleveland Clinic patients across the Florida region also have access to an array of cancer support services that promote well-being during treatment and beyond. These services include:

- Arts in Medicine enrichment program
- Psychosocial and spiritual support services
- Cancer support groups
- Patient resource and education center
- Medical nutrition therapy
- Therapy dog encounters
- And more

Advanced cancer treatments

Cleveland Clinic's multidisciplinary team of cancer specialists in Florida work together to address malignancies in virtually every part of the body using evidence-based modalities and the latest research.

As a leading cancer care team serving South Florida and the Treasure Coast, Cleveland Clinic provides patients with the compassionate, comprehensive care they deserve, close to home. And that makes all the difference.

Visit ClevelandClinicFlorida.org/Cancer to learn more.

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Let's Connect:
ACHE of South Florida Spotlight

ACHE of South Florida
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ACHE of South Florida Member Spotlight: Scott Singer, FACHE

BY LOIS THOMSON

In his role as Assistant Vice President of Operations at Baptist Health Baptist Hospital, Scott Singer has quite a full plate of responsibilities. He is the executive lead for many of the support services, including capacity management, dietary and clinical nutrition, environmental services, patient transport, employee events, linens, and even the gift shop – although he admits the latter doesn't take too much time!



Scott Singer

What does take time is being executive sponsor for space planning. As Singer said, "We have a lot of construction around the campus – more than a billion-dollars in projects – and I'm helping with leading the space planning."

He described some of the projects, saying, "We have a new neuroscience institute building that's currently going up. Right next to that we'll be building a new inpatient bed tower, which is our north tower, and we are doing a major renovation of our women's services building, which we call the Lake Pavilion. And on the back side of our campus – the south side – we have a large surgical expansion happening."

While many of these projects fall under Singer's jurisdiction, he is quick to point out, "We have a great team, so it's certainly not me (doing all the work) in isolation. We rely on a whole host of people, and we're focused on improving the experience, outcome, and value that our patients receive, and that consists of prioritizing what the most important needs are at the time."

It's working with this team and others at Baptist that Singer considers to be one of the things he likes best about his job. Having joined the facility just two years ago, he said the size of the hospital – 902-bed capacity – creates a big learning curve for someone new to the organization, "but I've had great support from many people helping me learn."

He said the people are welcoming and are excited to come to work. "They love taking care of patients and it shows, and getting to be a part of that is incredibly

rewarding." Singer said this is the type of work he envisioned as a career. "I love hospital operations. This kind of environment is very dynamic, it's fast-paced, complex, challenging. It's really a great place to be."

Singer went to school for business administration at Marshall University and then to grad school at the Ohio State University to earn a Masters in Health

Administration. "I came to South Florida when I finished grad school in 2004 and did an administrative fellowship, and have been here ever since."

In addition to his responsibilities at Baptist Health, Singer is a member of ACHE – the American College of Healthcare Executives – having first learned about the organization while at OSU. He joined the student chapter at that time and had an opportunity to go to the ACHE conference in Chicago; he called it "an incredible experience, seeing thousands of people from across the country."

When he came to South Florida he got involved in the local chapter and has had the opportunity to serve on the board for six years in various positions, including as treasurer and president. Singer commented, "I joined because I think it's the most recognized professional association for healthcare administrators, and I also earned my fellowship from ACHE basically as soon as I was eligible because that's the most recognized ongoing professional commitment you can make in the field."

Singer said he continues to be engaged with the chapter because it's a great way to meet people who are either new to the market or are early in their careers. "The organization is probably the single best way to meet people from other health systems or other sectors from leadership."

Calling himself "a huge proponent of ACHE," Singer concluded, "I think we're very fortunate in South Florida to have a quality chapter that puts on a number of networking and educational events that we're able to give back to the local members."

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What to Know About Diabetes

Broward Health Physician Group Endocrinologist Wu Wen, M.D., Ph.D., explains diabetes basics, including how new treatments make the disease more manageable.

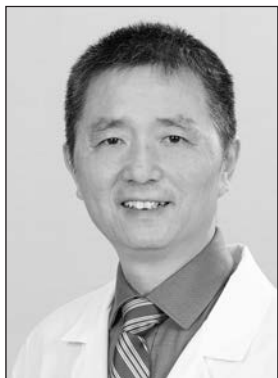
Q. What's the difference between Type 1 and Type 2 diabetes?

Both types of diabetes are related to a hormone called insulin, which regulates blood sugar levels. People with Type 1 diabetes develop autoimmune antibodies that destroy the pancreas' ability to make insulin. Without insulin, too much sugar stays in the blood instead of entering the cells, leading to high blood sugar levels.

In Type 2 diabetes, the body doesn't use insulin well, which is called insulin resistance. Many people with Type 2 diabetes also don't make enough insulin.

Q. What symptoms does diabetes cause?

Symptoms depend on the severity and duration of high blood sugar levels. Some people may not experience significant symptoms. Others may develop fatigue, drowsiness (especially after meals), poor concentration, blurred vision, frequent



Dr. Wu Wen

urination, increased thirst and unexplained weight loss.

Q. How do medical providers diagnose diabetes?

We diagnose diabetes based on blood sugar levels or A1C, a test that shows your average blood sugar level over the past three months. You can be diagnosed with diabetes if you have a fasting blood

sugar (measured after not eating overnight) of 126 milligrams per deciliter (mg/dL) or higher, a random blood sugar (measured anytime without fasting) of 200 mg/dL or higher, or an A1C of 6.5% or higher on two occasions.

Q. What is your first recommendation for newly diagnosed patients?

Diabetes is a self-management disease, which is different from many other diseases, like cancer. With diabetes, you're in control.

Healthy lifestyle changes play a significant role in self-management. These include losing weight, exercising on most days of the week, eating plenty of fruits,

vegetables, whole grains and protein-rich foods, and limiting your intake of added sugars, saturated fat and sodium.

Q. What treatments are available for diabetes?

Patients with Type 1 diabetes require lifelong insulin therapy, and those with Type 2 diabetes often need medications to help control their blood sugar levels.

Newer medications are giving people more options for treatment. Two recent exciting developments include glucagon-like peptide 1 (GLP-1) agonists, such as semaglutide, and dual GLP-1 and glucose-dependent insulinotropic polypeptide, such as tirzepatide. These medications improve blood sugar control and provide other benefits, such as weight loss, decreased insulin requirements and cardiovascular and kidney protection.

Medications called sodium-glucose cotransporter 2 inhibitors, such as empagliflozin and dapagliflozin, also provide benefits beyond blood sugar control. These medications have been shown to preserve or improve kidney function, delay the need for dialysis in people with chronic kidney disease, and reduce the risk of heart failure, heart attack and stroke.

Continuous glucose monitors have also revolutionized diabetes management.

These devices improve blood sugar control, reduce the risk of high blood sugar levels, help guide lifestyle modifications and medication adjustments and improve quality of life.

Q. How can people living with diabetes keep it under control?

Patients should monitor their blood sugar according to their physician's instructions. Some may need to check their levels several times a day, others less often. They should also have their A1C checked every three to six months.

You can check your random blood sugar level at home, and your physician will check your fasting blood sugar level and A1C. Current guidelines recommend striving for a fasting blood sugar level of less than 130 mg/dL, a random blood sugar level of less than 180 mg/dL and an A1C of 7% or lower for most people with diabetes.

Just like high blood sugar, low blood sugar can cause symptoms, such as feeling shaky or lightheaded, and complications without treatment. To avoid these problems, keep your blood sugar above 70 mg/dL.

To find a Broward Health primary care physician or endocrinologist, visit BrowardHealth.org/Wellness.

Holy Cross Health Launches "Flavor for Life" Program to Help Prevent Diabetes Through Food as Medicine

BY KRISTEN
SCHROEDER-BROWN

Holy Cross Health is taking an innovative approach to diabetes prevention by helping participants improve their health one grocery bag at a time.

Through its Healthy Living Team, Holy Cross Health is expanding the use of Food as Medicine strategies that combine nutrition education with access to healthy foods, giving individuals the tools they need to reduce their risk of chronic disease and build sustainable healthy habits.

The initiative is part of the Community Health & Well-Being (CHWB) Healthy Living Team's ongoing commitment to addressing diabetes risk through evidence-based interventions. While Food as Medicine programs can include medically tailored meals, produce prescription programs and culinary medicine education, Holy Cross Health has focused on two key strategies: medically tailored groceries and culinary medicine programs.

"Food is one of the most powerful tools for improving health," said Jennifer Saywer, Registered Dietitian. "By pairing nutrition education with practical access to healthy ingredients, participants are better equipped to make lasting lifestyle changes."



Medically Tailored Groceries Support Healthy Choices

Unlike traditional food assistance programs, medically tailored groceries are carefully selected by registered dietitians to support specific health goals and chronic disease prevention. These grocery packages feature budget-friendly, nutritious ingredients along with easy-to-follow recipes and live cooking

demonstrations designed to help participants confidently prepare healthy meals at home.

To strengthen nutrition lessons taught during its year-long National Diabetes Prevention Program (NDPP), the Healthy Living Team launched the Flavor for Life Bags initiative.

Each Flavor for Life Bag contains a combination of nutrient-dense shelf-stable foods and fresh seasonal produce chosen to align with diabetes prevention session topics. Rather than providing a random assortment of groceries, every item is selected to work together in recipes demonstrated during program sessions, helping participants immediately apply what they learn.

Turning Education into Action

The program's goal is to bridge the gap

between learning about healthy eating and putting those principles into practice. Participants receive ingredients used in class demonstrations, along with guidance from health professionals on meal preparation and healthy cooking techniques.

By reducing financial and practical barriers to accessing nutritious foods, the program helps participants make healthier choices while building confidence in the kitchen. Participants leave with more than groceries. They gain the skills, knowledge and confidence needed to prepare healthy, diabetes-preventive meals for themselves and their families.

Early Results Show Strong Community Impact

The Flavor for Life pilot program provided ongoing support throughout the yearlong lifestyle intervention. Participants received seven medically tailored grocery bags over the course of the program to reinforce healthy eating habits and encourage long-term behavior change.

During the pilot, the Healthy Living Team distributed 106 medically tailored grocery bags, providing participants with healthy foods aligned with National Diabetes Prevention Program (NDPP) session topics. The initiative also incorporated recipe demonstrations and educational activities that helped participants apply nutrition concepts in real-life settings. This combination of education, hands-on cooking experiences and access to healthy ingredients has helped participants over-

come common barriers to preparing nutritious meals at home.

"Thank you so much for your great advice and motivation. I have been eating totally different from the moment I joined your program," said one grateful participant.

As healthcare organizations increasingly recognize the role of nutrition in disease prevention, Holy Cross Health's Flavor for Life initiative demonstrates how Food as Medicine programs can support healthier lifestyles and improve community well-being. By making nutritious foods more accessible and teaching practical skills for healthy meal preparation, the program is empowering participants to take an active role in preventing diabetes and achieving better long-term health.

National Diabetes Prevention Program (NDPP)

The NDPP is a year-long lifestyle change program designed to help individuals who are at risk of developing type 2 diabetes or who have been diagnosed with Prediabetes.

If you or someone you know may be interested in joining the program at Holy Cross Health, please call (954) 383-9419 to learn more about upcoming classes and enroll.

Kristen Schroeder-Brown is Healthy Living and Social Care Programs Manager in the Community Health and & Well-Being Department at Holy Cross Health.



NOVEMBER
DIABETES
AWARENESS MONTH

KIDZ Medical Endocrinologist Stresses the Importance of Type 1 Diabetes Awareness in Children

BY VANESSA ORR

Type 1 diabetes is on the rise in the United States and around the world, increasing by roughly 2-3 percent each year. The disease is quite prevalent in Florida, including among pediatric patients, which is why parents should know the early warning signs.

"Some of the biggest warning signs that parents should take their children to a doctor include fatigue, low energy, excessive thirst, and frequent urination. They may also develop belly pain, nausea, and vomiting," said KIDZ Medical Services endocrinologist Dr. Jennifer Navarro. "Unfortunately, many children aren't diagnosed until they come into the ER with full-blown diabetic ketoacidosis."

KIDZ Medical Services is a private, physician owned multispecialty health-care organization whose team of more than 400 clinicians and team members care for patients and families across dozens of hospital partner sites and medical practice locations throughout South Florida.

With Type 1 diabetes, an autoimmune condition that can also have a genetic component, the body begins to develop antibodies against the pancreas that attack and damage the organ.

"It can be a long process—years can go by without a person developing symptoms until the damage is done, and that is far too late," said Dr. Navarro. "When the pancreas cannot make insulin, blood sugars rise to dangerous levels. The body's cells are starving for glucose, but without insulin, it can't unlock the cells to let the sugar in."

"Eventually, these starving cells produce a protein called ketones, which makes the blood very acidic," she adds. "When that happens, symptoms can be severe, ranging from belly pain to vomiting to problems breathing and confusion if the disease is not caught in time. It can be deadly."

Type 1 diabetes is a permanent condition that requires lifelong treatment with insulin. Type 2 diabetes, in which the pancreas can make insulin but the body is resistant to the hormone, is more easily treatable, and patients may eventually no longer need treatment. Type 1 diabetes affects a range of ages from infants to teens, and Type 2 is usually seen in late adolescence.

While insulin is always required for Type 1 diabetes, education is also important. "Families may not necessarily need to change their children's diets, but they do need to learn how to count carbohydrates efficiently and learn how to give

the proper amount of insulin to keep blood sugars as stable as possible," said Dr. Navarro.

The good news is that with evolving technology, it's easier than ever to track blood sugar levels. "Smart" pumps like the Omnipod and Tandem t:slim remain in constant communication with a sensor on the patient to detect blood sugar levels at all times.

"While these pumps can predict to a certain degree when to administer insulin if blood sugars are rising, they still need input from the patient or parents," said Dr. Navarro. "If you tell it that you are going to eat a certain number of carbs, it can determine the amount of insulin you need; it does the math for you."

Though pumps can make care easier, Dr. Navarro said that it is still important to know how to use finger sticks for diabetes management. "While pumps do minimize the number of finger sticks a patient has to do, they can fail, and there may be a lag time between the reading and a patient's condition," she said. "If a person is showing symptoms of low sugar, like jitteriness, sweating, and palpitations, even if the sensor says they are fine, they should test with a finger stick."

Advancements in certain immunotherapy medications like Tzield® can also

make it easier to treat kids who are at risk of

Type 1 diabetes, but who haven't developed full-blown diabetes yet. These immunotherapies help slow down the autoimmune destruction of the pancreas and preserve function longer, which can delay the onset of symptomatic diabetes.

"Children with Type 1 diabetes can live normal, fulfilling lives and still be active—they don't need to restrict certain dietary habits or stop playing sports," said Dr. Navarro. "But they do need to learn what happens to blood sugars in these situations and treat those things accordingly."

"Being prepared is important; we tell our patients always to keep a box of juice or glucose tabs available so they have something with them if they go low," she added.

Dr. Navarro also suggests that families join diabetes community groups, which are especially helpful to the newly diagnosed. "Reach out to others so that you don't feel so alone," she said. "For example, the group Breakthrough T1D provides resources for parents and children as well as community opportunities to meet other families and talk things through."



Dr. Jennifer Navarro

RECOGNIZING THE BEST OF THE BEST IN THE HEALTH CARE COMMUNITY



The Greater Miami Chamber of Commerce is now accepting nominations for the 2027 Health Care Heroes® Awards Program; deadline is December 15. The 28th Annual Health Care Heroes® Awards Luncheon will take place May 13, 2027.

WHO IS A HEALTH CARE HERO?

An individual, organization, professional, student, volunteer, or program, who, through their individual or collective actions have made an extraordinary impact in the South Florida health care community. Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their profession and community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

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Hospital News REPORT



Strong Rural Communities Depend on the Seeds We Plant Today

This month, we celebrate National Rural Health Day, an annual occasion since 2011 to bring attention to and honor the work of rural healthcare providers, communities, organizations, and others dedicated to addressing the unique healthcare needs and challenges of rural communities.

Five rural hospitals closed in Florida over the last two decades, and three converted to providing emergency care only. Others cut services, such as labor and delivery and other specialty care.

When access to healthcare in rural communities is diminished, the ripple effects go well beyond medical care. Robust rural healthcare infrastructure is integral to a healthy rural economy and community life. When hospitals struggle or close entirely, jobs, tax revenue, and local spending are lost. Families move away, schools lose enrollment, churches lose parishioners, industries lose workers, and once thriving communities are diminished. Main Streets become ghost towns.

Florida's lawmakers, both in Tallahassee and in Washington, D.C., are taking this challenge seriously, working on a bipartisan basis to support rural hospitals and, more importantly, support access to timely care close to home.

On the federal side, last year's One Big Beautiful Bill Act, makes a once-in-a-generation investment in rural healthcare with the Rural Health Transformation Program. It appropriates \$50 billion over five years to states to invest in rural healthcare innovation and transformation. Florida received \$209 million for 2026, representing the single largest federal investment in rural health care in Florida. In August, Gov. Ron DeSantis announced nearly \$188 million in round one awards to various institutions including clinics, hospitals, federally qualified health centers, educational organizations, and other healthcare providers in 31 rural counties to strengthen access to care. Projects include mobile health units, rural and satellite clinics, specialty telemedicine, and remote patient monitoring.

On the state side, in 2024, the Legislature made funding for the Rural Hospital Capital Improvement Program recurring, ensuring a reliable source of funds for rural hospitals to modernize and invest in the latest medical equipment, needed renovations, and new facilities to effectively meet the healthcare needs of their communities. Originally established in 1999, funding for the improvement program lapsed in 2008. In 2023, FHA urged the



BY MARY C. MAYHEW

Legislature to revive it. The Legislature agreed and appropriated \$10 million to the program and in 2024 made that investment recurring to support the ongoing modernization needs of rural hospitals.

For one rural hospital devastated by Hurricane Michael in 2018, the program provided essential funding to support it in rebuilding a new 50,000 square foot facility that re-

opened in 2025, restoring access to essential emergency, inpatient, and outpatient services to its rural community. It used funds to add hospital-wide telemetry, new inpatient beds, and construction of a mobile MRI pad.

A second state investment in rural hospitals is the Health Care Innovation Loan Program. Although not exclusive to rural hospitals, the Health Care Innovation Loan Program – a result of 2024's omnibus Live Healthy legislative package – provides low-interest loans to Florida's rural hospitals to implement innovative healthcare solutions. Loans cover up to 80 percent of total project costs for rural applicants and carry a maximum 1 percent interest rate with 10-year repayment terms. One rural hospital used a loan to purchase a da Vinci 5 robotic system to be able to offer minimally invasive surgery to its patients, improving outcomes and reducing surgical complications and hospital length of stay. Another used it to add telehealth services, eliminating the distance and geography barrier to timely specialty care for many rural residents.

With meaningful federal and state support, rural hospitals and their partners are ensuring that rural Floridians have access to the full range of outpatient and inpatient healthcare services close to home when they need it and eliminating ZIP codes as an access-to-care determinant.

Looking ahead, when the Legislature reconvenes in November for committee work ahead of the session's official start in March 2027, Florida's hospitals will be supporting policies that build on the momentum of these previous state and federal investments. One key priority is to increase Medicaid reimbursement rates for rural and critical access hospitals to ensure payments meet their costs of providing care.

These investments in our rural hospitals and healthcare infrastructure are the seeds from which strong, healthy rural communities will grow and flourish for generations to come.

Mary Mayhew is President and CEO, Florida Hospital Association.

The Future of Medicine Must Be Shaped by Physicians

Medicine is more than a profession. It is a calling, a commitment to patients, grounded in science, guided by clinical judgment, anchored in ethics and sustained by the trust between physicians and patients. Yet physicians increasingly navigate a system shaped by legislative mandates, legal pressures and insurance company policies that can place political and financial interests ahead of clinical judgement. It is time for doctors to reclaim their rightful place in determining the future of medicine.



BY CHRISTOPHER CHANG, MD

Legislators have a responsibility to protect the public. Attorneys play an essential role in upholding the law. Insurers help finance health care. But when medical practice is driven primarily by political interests, litigation fears or financial incentives, the patient-physician relationship suffers, and our communities play the ultimate price.

Physicians are trained to evaluate evidence, weigh risks and benefits, and make decisions tailored to the needs of each individual patient. Yet prior authorizations, delayed reimbursements, restrictive coverage policies and administrative burdens increasingly interfere with that responsibility. According to the American Medical Association, 93% of physicians surveyed reported that prior authorization delays patient care, while 82% said it can lead patients to abandon treatment. These are not merely administrative inconveniences; they are barriers that prevent the patient from receiving the care that they need.

Legislative decisions also profoundly affect how physicians practice and how patients access care. Too often, policies are developed without sufficient input from physicians who understand their clinical implications. When the people closest to patient care are absent or excluded from policymaking, the consequences can undermine both medical practice and the healthcare system as a whole.

We cannot afford to remain on the sidelines.

Advocacy is not separate from our responsibility to patients; it is an extension of it. The duty to care for patients does not end at the examination room door. It also requires us to speak up and get involved when policies threaten access to care, compromise clinical autonomy, or place unnecessary barriers between patients and treatment. Every physician, regardless of specialty, practice setting or career stage, has a stake in the policies that govern our profession. We must engage elected officials, contribute to policy discussions and educate our communities about the real-world impact of health care decisions.

The Broward County Medical Association (BCMA) provides a collec-

tive voice for physicians throughout our community. Through engagement with policymakers, collaboration with community partners, and physician-led advocacy, we seek to protect professional autonomy, improve access to care, and keep patients' interests at the center of medical decision making. Together, we can accomplish what is difficult for any individual physician to achieve alone.

We can also prepare the next generation of physicians to lead. Medical students, residents and early-career doctors need to recognize that their professional future will be shaped not only in hospitals and examination rooms, but also in legislative chambers, regulatory agencies, and public policy debates. Their voices, perspectives and idealism are essential to ensuring that medicine remains a profession defined by service, integrity and responsibility to patients.

Reclaiming our profession does not mean rejecting collaboration, regulation or accountability. It means ensuring medical decisions are informed by clinical evidence and that physicians have a meaningful seat at the table whenever policies affect patient care. It means recognizing that the practice of medicine cannot be governed by financial calculations or political considerations.

Here is my challenge to every physician in Broward County: Take one concrete step toward advocacy this month. Join or become more active in your county medical association. Contact your state legislators and share your perspective as a physician. Learn about policy proposals affecting patient care, reimbursement, medical liability and practice autonomy. Attend legislative briefings, participate in advocacy initiatives and encourage younger colleagues to make their voices heard.

You do not need to be a policy expert to make a difference. You need to be informed, engaged and willing to speak up.

The future of medicine is too important to leave to others. Medicine is not simply what we do for a living; it is a calling, grounding in service, entrusted with human lives, and sustained by the confidence our patients place in us. We must defend that calling – not for our own sake alone, but for the patients and communities that we serve.

Our call to action is simple: Get involved, speak up and help shape the policies that shape your profession. Our patients need us to advocate not only at the bedside, but wherever decisions about their care are made. The future of our profession depends on it.

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



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Privacy and Data Governance in Healthcare: What the Industry Needs To Know



BY SABINA KOTELNIK

Personal health information (PHI) is among the most sensitive data an organization can hold. Details about preexisting medical conditions, treatment plans, payment information, and other data points that can identify individuals are critical for healthcare organizations to effectively administer services. But those qualities also make PHI a high-value target for threat actors and a risk for organizations that fail to properly secure it.

As one of the most targeted sectors for ransomware and data breaches, healthcare organizations must be aware of the data privacy and governance risks they face, as well as how artificial intelligence is compounding those risks.

Cybersecurity and PHI Protection Remain a Top Priority

According to the FBI's 2025 Internet Crime Report, healthcare ranks as the most targeted sector for ransomware and third most targeted for data breaches. The consequences of a data breach or ransomware attack are immense, with the potential to cause financial damage to healthcare institutions and patients alike. Additionally, the consequences of these events can cause patient safety risks by preventing providers from administering care because of delayed access to information and disabled equipment.

Regulators Are Increasingly Going Beyond Policy

Written policies and incident response plans alone were once enough to satisfy regulators that an organization was prepared for a cyber incident — but those days are gone. Healthcare regulators and enforcement agencies increasingly expect organizations to demonstrate operational preparedness through activities such as tabletop exercises, network segmentation, access-permission discipline, and rapid detection and isolation capability.

Demonstrating resilience and response capabilities is increasingly important in mitigating cybersecurity and privacy incidents. Cybercriminals can lurk inside a system for weeks or even months before acting, making early detection essential to reducing the damage incurred.

Third-Party Risk Continues To Be a Focus

Outsourcing a function does not outsource its risk. Healthcare organizations must conduct proper due diligence when contracting with third-party vendors to verify compliance with privacy regulations and best practices. Privacy issues resulting from third-party vendors ultimately fall back on the healthcare organization, making due diligence an ongoing process rather than a one-time exercise approach to risk.

AI Risks Are Evolving Rapidly

Like so many other industries, healthcare is leveraging AI's potential to deliver enhanced patient care and operational capabilities. But, AI tools require data, which for

healthcare organizations often means personal information. To safeguard data and meet regulatory standards, organizations must establish effective controls rooted in transparency and explainability, meaning they understand what data AI has access to and how it's making decisions using that information. Furthermore, healthcare organizations need to verify that a purpose of use exists for the data.

Designing Processes With Privacy in Mind

Privacy and security should be embedded into healthcare technology, services, and products from their inception rather than being added after the fact. By taking a proactive approach, healthcare organizations can establish actions that prepare employees to handle privacy rather than simply focusing on missteps to avoid.

Balancing Functionality and Privacy

Integrated healthcare platforms can provide patients with greater convenience and care options, allowing their information to move among different providers. That convenience isn't without risk. When personal information moves across a range of networks, providers, and systems, access controls can become challenging. Healthcare organizations must balance the benefits patients receive through shareable information with privacy considerations and compliance obligations. As new platforms and technology break down silos that once restricted data movement, real-time monitoring and enhanced visibility into who can access personal data have become a significant priority.

The Need for Training Is as Important as Ever

Privacy and security incidents aren't just caused by external cyberthreats and system control issues. Inappropriate and unauthorized access, whether intentional or not, by those within healthcare organizations presents risks as well. Organizations should focus on continuous employee training while monitoring emerging technology and tools they may need to integrate into those sessions. Organizations also need to be aware that enforcement bodies are using the same advanced analytics tools as the industries they monitor, enabling enhanced audits and anomaly detection.

The regulatory landscape is evolving to keep pace with these advances placing a spotlight on the healthcare industry's compliance with new privacy, security, and AI-related regulatory requirements.

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

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Cover Story: 2026 Year-End Tax Planning

Continued from page 1

practice. I encourage clients to look at both sides of that equation.

One area worth reviewing is capital investment. The return of 100% bonus depreciation for qualifying property acquired after January 19, 2025, together with expanded Section 179 expensing, may make equipment and technology purchases more tax-efficient. For a practice planning to replace diagnostic equipment or upgrade its systems, the timing of an acquisition could matter. But I would never suggest buying something simply to save taxes. We should first understand what the purchase will do for patient care, productivity and cash flow, then consider the tax treatment.

Retirement planning deserves a similar review. For 2026, the regular employee 401(k) deferral limit is \$24,500, before any applicable catch-up contribution. Depending on the owner's age, profitability and employee population, a profit-sharing arrangement or cash balance plan may also be worth discussing. The right structure is not necessarily the one that produces the largest immediate deduction; it is the one that supports the owner's long-term goals and works for the practice as a whole. Some elections and plan decisions need attention before year-end.

I also like to revisit how owners are being paid. In an S corporation, reasonable compensation is an important part of the discussion. In a partnership, the distinction between guaranteed payments and distributions can change the

tax result. And for many healthcare professionals, the qualified business income deduction requires special attention because specified service trade or business limitations may apply at higher income levels. These are not items I would leave to an April conversation.

Then there is the matter of cash. A practice can report a good year and still feel financially constrained. Insurance receivables may be aging, payroll continues every two weeks, and an owner may have made distributions without fully accounting for estimated taxes. Before recommending accelerated spending or additional compensation, I want to see a current profit-and-loss statement, a realistic cash-flow outlook, and a projection of the owner's combined business and personal tax exposure.

The 2025 federal tax legislation has also changed the planning landscape. Provisions affecting bonus depreciation, Section 179 and the qualified business income deduction should be incorporated into a current-year projection rather than assumed from last year's return. The actual benefit depends on the taxpayer, the entity, the asset and the timing. That is why a projection is far more useful than a generic checklist.

Personal planning belongs in the same conversation. Retirement savings, investment gains and losses, charitable contributions and Health Savings Account eligibility can all influence the result. For 2026, the HSA contribution limits are \$4,400 for self-only coverage and \$8,750 for family coverage, subject to eligibility

and applicable catch-up rules. These decisions should be considered alongside the practice's income, not in a separate silo.

My preference is to use the final months of the year to accomplish three things: understand where the practice stands, estimate the tax liability with reasonable accuracy, and identify decisions that make business sense regardless of the deduction. Sometimes that means accelerating a legitimate expense. Sometimes it means preserving cash. And sometimes the best advice is to make no transaction at all.

Healthcare professionals spend their days making decisions based on evidence, experience and judgment. I believe their financial planning should be approached the same way. The goal is not simply a lower tax bill for 2026. It is a stronger, more financially informed practice entering 2027.

Marc Egort, CPA, has more than 37 years of experience in accounting, taxation and financial advisory services, including extensive work with healthcare businesses and practice owners. His approach connects tax strategy with financial performance and operational decision-making. For more information, visit egortcpa.com or call (754) 301-2183.

This article is for general educational purposes and is not individualized tax advice. Tax treatment depends on specific facts, eligibility requirements and applicable law.

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HCA Florida Westside Hospital Welcomes Amit Parmar as Chief Operating Officer

HCA Florida Westside Hospital announces the appointment of Amit Parmar as Chief Operating Officer. Parmar brings more than nine years of progressive leadership experience with HCA Healthcare, having held operational leadership roles across Florida and Tennessee.

Most recently, Parmar served as Chief Operating Officer at HCA Florida Woodmont Hospital, where he provided executive leadership and operational oversight for multiple clinical, ancillary and support service areas. During his tenure, he helped improve physician engagement, employee engagement, patient experience, service line growth and operational execution.

Parmar earned both a Master of Healthcare Administration and a Master of Public Health from Barry University and graduated from HCA Healthcare's Executive Development Program.



Amit Parmar

Lee Health Foundation Hires Kayla Reiter

Lee Health Foundation welcomes Kayla Reiter as marketing communication coordinator. In this role, Reiter supports the Foundation's marketing and communication strategy by helping tell meaningful stories that connect donors to the people, places, and programs impacted by philanthropy. Prior to joining Lee Health Foundation, Reiter worked in nonprofit marketing, leading digital communications, graphic design, and audience engagement initiatives. She brings experience in developing strategic communications that inspire action, strengthen community connections, and advance mission-driven organizations.



Kayla Reiter

Nicklaus Children's Health System Appoints Brynne McNulty Rojas to Board of Directors

Nicklaus Children's Health System has appointed entrepreneur and investor Brynne McNulty Rojas to its Board of Directors. McNulty Rojas brings expertise in technology scaling, finance, real estate investment and global business development to the health system's governing body.

McNulty Rojas is co-founder of Habi, Latin America's premier property technology platform. Operating as the leading homebuyer, seller, and mortgage broker across Mexico and Colombia, Habi delivers transparency, liquidity, and speed to the region's housing market.

Prior to founding Habi, she held investment and consulting roles at Goldman Sachs in the United States and McKinsey & Company in South America.



Brynne McNulty Rojas

Madison Workman Named Chief Executive Officer of Memorial Hospital Pembroke

Memorial Healthcare System has named Madison Workman, FACHE, chief executive officer of Memorial Hospital Pembroke, where he will oversee hospital operations and continued growth centered on patient care. Workman has a proven track record of building high-performing teams, elevating patient experience and driving clinical growth and organizational performance.

Workman most recently served as chief operating officer of Broward Health North, a 409-bed Level II trauma hospital, where he oversaw approximately 800 employees across clinical and support services. His responsibilities expanded to include Broward Health's systemwide Safety and Security program and leadership of its COO Council. During his tenure, he helped lead more than \$100 million in construction and capital investment while advancing initiatives focused on hospital operations, patient throughput, quality and expansion.



Madison Workman

Lee Health Foundation Welcomes Kim Snarr as Director of Grants

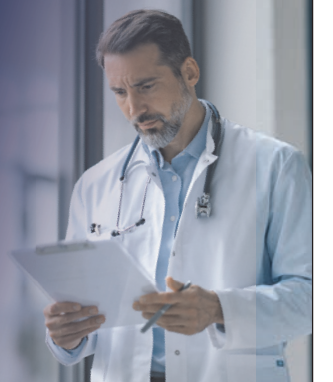
Lee Health Foundation has welcomed Kim Snarr as director of grants, bringing nearly a decade of experience in grant strategy, revenue growth, compliance management, and cross-functional leadership within the nonprofit sector.

Snarr joins Lee Health Foundation from the Center for Prevention of Abuse where she served as director of grants administration. Prior to her leadership role, Snarr served as grants development and research specialist for the organization, where she successfully wrote and managed proposals for federal, state, corporate and foundation grants while helping expand private-sector funding opportunities. Snarr holds a Bachelor of Science in Business Administration from the University of Illinois.



Kim Snarr

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HOSPICE & PALLIATIVE CARE IN SOUTH FLORIDA

Cover Story: Baptist Health Palliative Medicine Program Helps Cancer Patients, Families at Every Stage of Treatment

Continued from page 1

Flores joined the specialized Symptom Management and Palliative Medicine Program at Baptist Health Herbert Wertheim Cancer Institute in 2018, where she works with a multidisciplinary team of social workers, chaplains, priests, psychiatrists, psychologists, rehab oncologists, nutritionists, and physical and speech therapists to provide patients with pain and symptoms management and assist them in meeting their goals while they are continuing to receive cancer treatment.

"It is a devotion; it is more than a job," Flores says of the field she's worked in since 2011. She adds that she was inspired by her prior experience working in the ICU dealing with dying patients who were coded despite their poor prognosis and/or families not allowing them to die naturally.

"Palliative care differs from traditional medical care in many ways," she explained. "First of all, our specialty focuses on the patient's holistic care—not only their condition and medical treatments, but their spiritual and psychological well-being."

"My primary goals are that my patients not suffer from pain (physical and mental) or symptoms, and that their emotional, psychological and spiritual needs are met," she continued. "Most important is that my patients understand their cancer prognosis, their treatment, and are able to prepare their advance directives, such as a living will, so that their wishes are known."

Palliative care can benefit patients in many ways. In addition to helping to reduce stress and relieve pain, it can help patients manage physical side effects from therapy and make daily activities easier. It can also help patients learn to handle

fears about the future and cope with the burdens that come with having a serious illness.

Patients and their families are encouraged to take an active role in plans for the patient's medical care, and palliative care specialists can help them weigh the pros and cons of different treatment options and provide guidance with difficult medical decisions.

According to Flores, palliative care should start at the beginning of a patient's disease. This differs from hospice care, which focuses on relieving a patient's pain and symptoms when that person can no longer receive cancer treatments and is expected to live less than six months. Starting palliative care as early as possible can greatly improve patients' quality of life, helping them experience fewer or less intense symptoms and making it less likely that they will end up in the hospital.

In addition to helping her patients, Flores works with the palliative care team to assist patients' families through the disease trajectory. This includes evaluating their understanding of the illness, as well as assessing their emotional and psychological readiness-coping mechanisms.

"It's important to establish a trusting relationship," said Flores of her work with both patients and families. "We have a wonderful team here who truly appreciate the opportunity to be there for them."

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Cover Story: How VITAS® Healthcare's Erika Gaudio is Helping Improve Hospice Care

Continued from page 1

to make it easier for patients and families to receive the support they deserve.

"One of the most important lessons I've learned throughout my career is that if you want to build meaningful relationships with healthcare professionals, you have to bring something of value that ultimately helps them care for their patients," explains Gaudio, who has been with VITAS for 17 years. "That means credible, evidence-based education, peer-reviewed research, case studies, clinical data, and an understanding of how a patient's disease progression relates to the services we provide."

She notes that in hospice, VITAS consistently sees three areas where healthcare professionals need greater support: recognizing when a patient may be eligible for hospice, knowing how to initiate a goals-of-care conversation, and understanding the true value that hospice can bring to patients and families.

To this end, VITAS meets healthcare professionals where they are, whether through peer-to-peer accredited continuing education, disease-specific training, practical eligibility guidance using tools like the interactive Palliative Performance Scale in the VITAS Healthcare mobile app, or ongoing care coordination and communication about patients they've referred to VITAS.

The company's sepsis initiative is a

prime example. Recognizing that patients with advanced sepsis or post-sepsis complications who could potentially benefit from hospice weren't always being identified, VITAS learned that uncertainty around eligibility and prognosis was a significant barrier.

"We responded by developing a dedicated sepsis education program to help clinicians recognize these patients and better understand their care options," said Gaudio. "We applied a similar approach when developing our Goals-of-Care Preceptorship."

Because physicians, mid-levels and other healthcare professionals may not have six or seven hours to dedicate to traditional continuing education, VITAS structured the program into manageable 30-minute modules covering prognostication, hospice eligibility, the value of hospice, and how to navigate difficult conversations.

"Interactive case studies and role-playing give physicians opportunities to practice these skills, build confidence, and earn continuing education credit without stepping away from patient care for an entire day," said Gaudio.

VITAS recently became the first nationwide hospice provider to achieve the American Heart Association's Palliative/Hospice Heart Failure Certification across its entire service footprint, spanning 15 states and the District

of Columbia.

"What makes this certification particularly meaningful is the opportunity to change how healthcare professionals think about hospice for patients with advanced cardiac disease," said Gaudio. "Heart failure remains underrepresented in hospice, despite patients often experiencing a symptom burden comparable to those with advanced cancer. We wanted to help close that gap by ensuring our teams have the specialized training and clinical resources to extend the high-quality cardiac care patients receive in hospitals into their homes."

The certification recognizes VITAS' adherence to the American Heart Association's evidence-based standards for advanced heart failure care, including disease-specific symptom management, care coordination, patient and caregiver education, and ongoing clinical support. An open formulary allows patients to continue appropriate guideline-directed cardiac medications and therapies when clinically indicated, while specially trained teams support complex cardiac needs and symptoms such as breathlessness, edema, fatigue, and pain.

VITAS is already seeing encouraging progress in expanding access to hospice for patients with advanced cardiac disease. Its healthcare professionals have cared for more than 23,700 unique patients with cardiac disease (year to date through Oct.

2026), a nearly 10 percent increase over the same period last year.

"To me, that represents more patients and families benefiting from specialized care, symptom management, and support during a particularly vulnerable stage of illness," said Gaudio. "Ultimately, this certification is about building trust, improving continuity of care, and helping more patients with advanced heart disease benefit from hospice when it's appropriate."

Gaudio, whose mother is a nurse, and whose stepfather was a pulmonologist and intensivist, grew up surrounded by conversations about medicine, patient care, and the challenges healthcare professionals face. But she says it wasn't until she joined VITAS that she truly understood the full benefits of hospice care.

"That was eye-opening for me. If people who had spent their careers in healthcare didn't fully appreciate everything hospice could offer, imagine how difficult it must be for patients and families who are navigating serious illness for the first time," she said.

"The goal isn't to persuade someone to choose hospice care. It's to ensure they understand their options, have an opportunity to express their wishes, and can make informed decisions about the care they want to receive."

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Preparing Nurses to See the Person Behind the Diagnosis

BY DANIEL CASCIATO

Mental and behavioral health care does not begin when a patient enters a psychiatric unit. It can surface in an emergency department, rehabilitation center, outpatient clinic, school, correctional facility or virtually anywhere else nurses encounter patients.

That reality has implications for how the next generation of nurses is educated.

For Dr. Sharon Ramjohn, PhD, RN, CNE, nursing faculty at South University's College of Nursing, preparing students for those encounters starts well before they take a dedicated mental health course. Students begin learning therapeutic communication, caring and professionalism early in their nursing education, building skills they will eventually apply to patients experiencing a wide range of psychiatric and behavioral health conditions.

"Mental health matters and the patients are not seen as a 'room number' or a 'disease' but rather as a unique individual," says Dr. Ramjohn.

It is a principle she wants students to carry throughout their careers, regardless of the setting in which they eventually practice.

Building Skills Before Entering the Clinical Setting

Dr. Ramjohn teaches "Caring for Persons with Psychiatric and Mental Health Disorders," a comprehensive course offered during the senior year of South University's undergraduate nursing program.

Students learn to perform assessments, intervene during crises, monitor and treat substance abuse, assess suicide risk, de-escalate difficult situations, administer medications and assist with short-term stabilization.

The course does not rely solely on lectures. Simulation, interactive online modules and role-playing give students opportunities to work through situations before encountering them in clinical practice. A laboratory and clinical component further develop those skills. At clinical sites, students partner with nurses and other healthcare professionals while participating in the care of patients with various mental health diagnoses.

The preparation matters because students may enter the course with considerable apprehension.

"Nursing students experience intense fear and anxiety before the mental health course due to safety concerns, the inability to communicate effectively with the patients and deep-seated stigmas from their own personal values and attitudes towards patients with a mental health illness," Dr. Ramjohn says.

Some questions are immediate and practical: "Will I get hurt? How will I handle an angry, agitated or violent patient?"

Education provides a setting where those concerns can be discussed rather than ignored.

Students learn therapeutic communication and strategies for reducing stereotyping, fear and social distancing. Classroom instruction, lab work and clinical experi-



Dr. Sharon Ramjohn

ences expose them to mental illness, treatment and psychotherapy while giving them opportunities for meaningful interaction with patients.

Just as importantly, Dr. Ramjohn encourages students to examine what they themselves bring into those interactions.

Students are asked to recognize their own feelings and personal biases before

caring for people experiencing mental health challenges. That self-awareness is part of learning to provide nonjudgmental care.

"Nursing is indeed an art and a science, and that the patient's well-being is paramount," Dr. Ramjohn adds.

Assessment, intervention, evaluation and patient education remain essential nursing responsibilities. But Dr. Ramjohn emphasizes that they should be delivered through holistic, empathetic and compassionate care regardless of a patient's diagnosis.

Mental Health Care Is Everywhere

A nurse does not need to specialize in psychiatric nursing to encounter a patient struggling with depression, anxiety, substance use, suicidal thoughts, agitation or another behavioral health concern.

Nurses care for patients with mental health needs in outpatient clinics, emergency departments, rehabilitation centers, community programs, schools, correctional facilities and crisis centers, among other settings.

That makes mental health preparation relevant across nursing education.

"The nursing program equips nursing students with the knowledge, skills and attitudes needed to provide competent nursing care for any patient and to use therapeutic communication, to promote patient safety and coping skills that are required for recovery," says Dr. Ramjohn.

The broader lesson is that physical and mental health cannot always be neatly separated at the bedside. A patient admitted for a medical condition may also be frightened, depressed or experiencing a psychiatric disorder. Nurses are often among the healthcare professionals spending the most time with patients, putting them in a position to recognize changes, communicate concerns and respond appropriately.

Caring for the Caregiver

Preparing students to address patients' mental health needs also requires nursing schools to acknowledge the emotional demands placed on students themselves.

Nursing education is rigorous. Dr. Ramjohn says students may experience stress, anxiety, fear and helplessness before clinical experiences. Laboratory and clinical preparation can build confidence, but institutional support also matters.

At South University, students have access to mental health counseling through a 24/7 support line and wellness hub. The College of Nursing also offers a mentoring program connecting students with peers in upper classes.

Students involved with the National



Student Nurses Association provide academic and emotional support to classmates while participating in community outreach. Each year, the organization partners with students in the mental health course to donate items to patients at clinical sites.

Dr. Mary McMullen, Program Director of the College of Nursing in West Palm Beach, sees that service as beneficial to students as well as the community.

"This act of giving back to the community helps students fill their emotional reserves," Dr. McMullen says.

She adds, "Nursing schools hold a distinct opportunity to help students mitigate the fear, anxiety and emotional stress of caring for patients and themselves at the same time."

Developing that capacity may become increasingly important as students transition into a profession where burnout and emotional exhaustion can affect both nurses and the organizations that depend on them.

Learning Across Disciplines

Dr. Ramjohn would also like nursing education to place greater emphasis on collaboration.

Mental and behavioral health care rarely belongs to one profession. At South University, graduate students and faculty from the Clinical Mental Health Counseling Program collaborate with nursing students taking the mental health

course, providing additional learning resources on mental health topics and disease processes.

Nursing students also work with community leaders through outreach activities.

"Collaborating with different disciplines should be part of every nursing program to prepare the next generation of nurses to care for mental health patients," she states.

That preparation is not only about recognizing psychiatric symptoms or knowing how to respond during a crisis. It involves learning how to communicate, challenge assumptions, work alongside other professionals and recognize the humanity of someone whose behavior or diagnosis may initially make a student uncomfortable.

It also means teaching future nurses to extend some of that same attention to themselves.

"Promoting a culture of self-care and support can decrease emotional exhaustion in nursing students, thereby safeguarding the pipeline of the next generation of nurses," Dr. Ramjohn says.

For students who may eventually practice in vastly different corners of healthcare, the specialty may change. The need to understand mental health will not.

For more information, visit southuniversity.edu.

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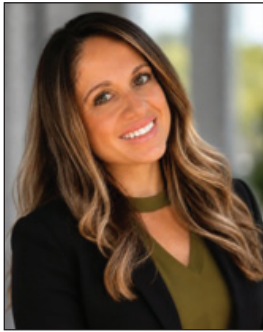
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Bridging Education and Industry: A Shared Responsibility for Healthcare Workforce Readiness in the Digital Age

The healthcare industry continues to experience significant transformation driven by the growing integration of artificial intelligence (AI), health informatics, and emerging digital technologies.

Innovations such as predictive analytics, remote patient monitoring, and AI-enabled solutions are increasingly influencing how healthcare organizations operate, make decisions, and deliver services. As these technologies become more deeply integrated into contemporary healthcare environments, an important question warrants consideration: Are we adequately preparing the next generation of healthcare administrators to lead in an increasingly digital landscape?

Traditionally, health services administration education has emphasized foundational competencies in healthcare management, finance, organizational leadership, policy, and operations. These disciplines remain essential to preparing competent healthcare professionals. However, the evolving healthcare land-



BY CRISTINA
BERMUDEZ, DHSC,
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scape underscores the importance of examining how emerging technologies intersect with traditional administrative responsibilities and the competencies expected of future healthcare leaders.

Today, the applications of AI extend beyond clinical settings. Healthcare organizations are increasingly utilizing these technologies to support workforce planning, patient scheduling, revenue cycle management, resource allo-

cation, and administrative decision-making. Similarly, advances in health informatics and predictive analytics present opportunities to strengthen organizational performance, improve operational efficiency, and support data-informed leadership.

These developments represent more than technological advancements; they reflect an evolution in the knowledge, awareness, and competencies required to navigate modern healthcare environments.

Current literature increasingly emphasizes the importance of developing a dig-

itally competent healthcare workforce. Brommeyer and Liang (2022), for example, highlighted the need for a systematic approach to preparing healthcare managers for digital health transformation. More recently, the World Health Organization (2026) examined digital health competency frameworks and standards, further emphasizing the importance of identifying competencies necessary to navigate technology-driven healthcare systems.

However, an important question remains: Are health services administration curricula evolving at a pace that adequately reflects these emerging workforce expectations?

Although digital health and informatics education continue to advance, research suggests that technology-related competencies are not consistently integrated across relevant healthcare education curricula. This raises important considerations regarding potential gaps between academic preparation and the increasingly complex responsibilities of future healthcare administrators.

Preparing students for digital transformation does not necessarily require every healthcare administrator to become a data scientist, programmer, or AI specialist. Rather, it calls for cultivating foundational

digital literacy and strengthening students' understanding of how emerging technologies influence organizational strategy, healthcare operations, patient safety, and administrative decision-making.

Equally important is preparing future healthcare leaders to critically evaluate the ethical and organizational implications associated with technology adoption. Considerations involving data privacy, cybersecurity, algorithmic bias, transparency, and regulatory compliance require informed leadership and responsible oversight. As healthcare organizations increasingly adopt technology-enabled solutions, administrators must possess the knowledge and awareness necessary to recognize both the opportunities and challenges associated with their implementation.

Professional organizations, including the American Health Information Management Association (AHIMA), the Healthcare Information and Management Systems Society (HIMSS), and the Association of University Programs in Health Administration (AUPHA), have contributed valuable educational guidance and competency frameworks relevant to evolving workforce expectations.

Notably, these developments present an opportunity to strengthen collabora-

Continued on following page

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Bridging Education and Industry

Continued from previous page

tion between academic institutions, healthcare executives, and industry stakeholders. While educators contribute expertise in curriculum development and competency-based education, healthcare leaders offer valuable insight into emerging technologies, operational challenges, and the evolving demands of contemporary healthcare organizations.

Strengthening the relationship between education and industry can support greater alignment between academic preparation and workforce expectations while encouraging continued responsiveness to technological advancement.

Ultimately, preparing the next generation of healthcare administrators requires more than adapting to individual technological innovations. It requires a shared commitment to ensuring future healthcare leaders possess the knowledge, competencies, and adaptability necessary to navigate increasingly complex digital healthcare environments.

Digital transformation is no longer a distant consideration for healthcare administration; it is an evolving reality. The responsibility to prepare future healthcare leaders to navigate this transformation must be shared between education and industry.

Miami Dade College-School of Health Sciences: Bachelor of Science in Dental Hygiene Program to Meet Workforce Needs

Miami Dade College (MDC), through its renowned School of Health Sciences, has launched a new Florida Department of Education-approved Bachelor of Science (B.S.) in Dental Hygiene beginning in Fall 2026. The program expands the region's only public, fully integrated educational pathway in dental hygiene and provides licensed dental hygienists with an opportunity to advance their education while expanding their career opportunities. The 120-credit-hour degree-completion program is designed for working dental hygiene professionals. Applicants must hold an associate degree in Dental Hygiene from an accredited institution and maintain a current, active dental hygiene license. Building upon MDC's established Associate in Science in Dental Hygiene program, the bachelor's degree offers advanced coursework in research methods, public health dentistry, leadership and management, healthcare education, and evidence-based clinical practice. Graduates will be prepared for expanded roles in clinical practice, education, public health, research, corporate



Dr. Ron Winston, Dean of the School of Health Sciences

dentistry, and healthcare administration. The curriculum emphasizes critical thinking, leadership development, and interdisciplinary collaboration, equipping graduates to meet the evolving needs of the oral healthcare profession.

With the addition of the B.S. in Dental Hygiene, MDC becomes the only public institution in South Florida offering a comprehensive academic pathway in dental hygiene, from entry-level preparation through advanced professional education. This seamless progression enables students to begin their careers as licensed dental hygienists and continue their education affordably while remaining active in the workforce. The program reflects the mission of MDC's School of Health Sciences, which is dedicated to preparing highly skilled healthcare professionals who improve the quality of life within their communities and serve as integral members of interdisciplinary healthcare teams. Each year, the School of Health Sciences empowers thousands of students to achieve their educational and career goals while strengthen-

ing the region's healthcare workforce. Workforce projections indicate continued demand for dental services and allied health professionals in Miami-Dade County through 2032, driven by increasing emphasis on preventive oral healthcare, expanded access to care, and community-based health initiatives.

The new B.S. in Dental Hygiene program directly responds to these workforce needs by preparing graduates with the advanced knowledge, leadership skills, and professional competencies necessary for emerging opportunities within the dental and healthcare sectors. Launching in Fall 2026, the Bachelor of Science in Dental Hygiene reinforces Miami Dade College's leadership in health sciences education and workforce development. By expanding educational opportunities for licensed dental hygienists, MDC continues its commitment to advancing oral healthcare, supporting career mobility, and developing the next generation of healthcare leaders who will positively impact the communities they serve.

For more information, visit www.mdc.edu/health-sciences/programs/ or call (305) 237-4103.



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Training the Next Generation of Physicians: Why Quality Matters as Graduate Medical Education Expands

Florida is projected to face a shortage of nearly 18,000 physicians by 2035, highlighting the need to expand the state's physician workforce. As hospitals and healthcare systems respond by growing residency and fellowship programs, an equally important question emerges: How do we ensure that expanding training capacity also delivers high-quality medical education?



BY SAIMA
CHAUDHRY, MD

The answer goes beyond the number of physicians trained. Accreditation performance, clinical experience, faculty mentorship, research opportunities and the experiences of residents and fellows themselves all play a role in preparing physicians to meet the evolving needs of patients.

Expanding Training Opportunities

At Memorial Healthcare System (MHS) in South Florida, graduate medical education (GME) has expanded significantly since the institution received accreditation from the Accreditation Council for Graduate Medical Education (ACGME) in 2015. Today, the system supports 20 accredited residency and fellowship programs and approximately 298 accredited training positions, with additional positions in development.

Training within Memorial's six-hospital system exposes residents and fellows to a broad spectrum of patient needs,

from primary and preventive care to complex specialties such as transplantation, trauma and critical care.

Since launching its first GME program in 2018, Memorial has been able to design curricula intentionally, incorporating newer approaches to medical education rather than relying on traditional models. This flexibility allows trainees to learn the latest medical and surgical practices within a diverse

clinical environment.

Program expansion is similarly strategic, prioritizing physician shortage specialties identified by Florida's Agency for Health Care Administration (AHCA) while ensuring the necessary teaching faculty and leadership resources are in place.

Measuring Success Beyond Program Growth

While the number of training programs and positions provides one measure of progress, educational quality is equally important. Accreditation performance, resident and fellow satisfaction, clinical experience, scholarly activity and postgraduate placement all offer valuable insight into the strength of a GME program.

At Memorial, accreditation performance has been a particular focus. The system's programs currently have no outstanding ACGME citations or areas for improvement, reflecting a commitment to rigorous educational standards as

training opportunities expand.

Annual ACGME resident and fellow surveys provide another important benchmark. In 2025, 78% of Memorial trainees reported they would definitely choose their program again, compared with 61% nationally. Additionally, 87% rated their programs very positively, compared with 69% nationwide.

Memorial attributes much of its success to its emphasis on collaboration and inclusivity. Rather than operating in silos, specialties and departments work together on medical education, supported by dedicated colleagues in nursing, legal, finance, human resources and regulatory affairs. This collaborative approach strengthens the learning environment and supports educational quality.

Advancing Research and Academic Excellence

Research and scholarly activity are essential components of physician training, encouraging residents and fellows to evaluate evidence, contribute to medical advances and apply new knowledge to patient care.

During the most recent full academic year, Memorial's trainees, in collaboration with teaching faculty, produced 156 publications, 384 presentations and five textbook chapters.

The Office of Human Research supports these efforts with dedicated research scientists and biostatisticians who assist residents, fellows and faculty with clinical investigations, quality improvement initiatives and scholarly projects.

The strength of a training program is also reflected in its ability to attract applicants and prepare graduates for advanced specialization. Memorial receives more than 14,000 applications annually across its training programs, while graduates have pursued fellowship opportunities at leading academic institutions nationwide.

Looking Ahead: Quality and Community Impact

Expanding GME also creates opportunities to retain medical talent locally. As of July 2026, the health system had graduated 374 trainees, with 96, or approximately 26%, practicing medicine in South Florida. This represents a meaningful contribution to the region's physician workforce.

Memorial's Better Together collaboration with Broward Health is also expanding into GME. The two systems' GME departments have begun collaborating, with multiple specialties exploring opportunities for residents and fellows to train across both systems.

Ultimately, the success of graduate medical education should be measured not simply by how many physicians are trained, but by how effectively they are prepared to deliver high-quality care. That is the standard that must guide the next chapter of GME growth.

Dr. Saima Chaudhry is Vice President, Academic Affairs; Chief Academic Officer and Designated Institutional Official, Memorial Healthcare System.

Cover Story: Florida Atlantic Expands Nursing Opportunities with New Traditional BSN Track

Continued from page 1

general education requirements or hold an Associate of Arts degree from a Florida state college.

The new track complements the college's Freshman Direct Admit track for students entering directly from high school and its accelerated BSN track for applicants who already hold a bachelor's degree or higher.

"This is an exciting addition to our undergraduate nursing programs," says Cameron G. Duncan, Ph.D., DNP, dean of Florida Atlantic University's Christine E. Lynn College of Nursing. "We want students considering a career in nursing to see our college as a place where they can build their future, no matter where they are in their educational journey, or whether they began their education here at Florida Atlantic or another institution."

Preparing Nurses for Professional Practice

The curriculum and clinical requirements of the Traditional track will mirror those of students enrolled in Florida Atlantic's Freshman Direct Admit and accelerated BSN tracks. Students will complete 60 credits of upper-division nursing coursework over five semesters while gaining clinical experiences in various healthcare settings, including hospitals and community sites.

Throughout the program, students will have access to dedicated student success faculty and learning assistants who work alongside faculty to provide additional academic support through small-group learning.



Upon graduation, students will be eligible to take the NCLEX-RN licensure examination and begin practicing as registered nurses.

Applications Open in November

Applications for the inaugural summer 2027 cohort are expected to open in mid-November through NursingCAS, the centralized application service used by nursing programs. A link to the application will be available through the Christine E. Lynn College of Nursing website.

Applicants must complete all required prerequisite courses, have a cumulative transfer GPA of at least 3.5, and complete the ATI Test of Essential Academic Skills (TEAS), Edition VII nursing entrance examination.

Meeting the minimum admission requirements does not guarantee acceptance into the track. Once a completed application is submitted, applications will undergo a competitive review process to determine admission.

"The Christine E. Lynn College of Nursing has built its reputation on preparing nurses who combine clinical excellence with a deep commitment to caring," Duncan says. "As we expand opportunities for students to pursue a nursing education, our focus remains on equipping graduates with the knowledge, clinical judgment and compassion to meet the evolving needs of patients and communities."

For more information, visit fau.edu/nursing/.



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A message from our President

South Florida Healthcare: Building for the Future

It is easy to spend our time talking about what is wrong with healthcare. There is no shortage of problems, and there is certainly no shortage of easy sound bites. What is often missing from those conversations is an appreciation for the complexity of providing healthcare and, just as importantly, recognition of what is going right.

There is certainly no shortage of challenges. Hospitals and healthcare providers are dealing with rising costs, workforce pressures, changing reimbursement, increasing demand, and a healthcare system that seems to become more complicated every year.

But sometimes it is important to step back and look at the other side of the story.

Across South Florida, hospitals and healthcare organizations are investing in the future. They are expanding access, building new facilities, strengthening the healthcare workforce, embracing technology, and developing new capabilities to meet the needs of a growing and changing population.

And these investments are happening throughout Miami-Dade, Broward, and Palm Beach counties.

Walk around our market and you will see the evidence.

In Broward County, Broward Health is investing in new facilities designed to expand access to outpatient and specialty care. A new medical office building at Broward Health Medical Center will include 129 exam rooms, while a new facility at Broward Health North will add 75 exam rooms, with the ability to expand as demand grows. Both projects are scheduled for completion in 2027.

Access is also moving closer to where people live. Broward Health opened new freestanding emergency departments in Sunrise and Lighthouse Point this summer, bringing 24/7 emergency services, diagnostic capabilities, and connections to hospital-based specialty care into communities that previously had fewer options.

Baptist Health is making a major investment in western Broward as well. Construction is underway on Baptist Health Sunrise Hospital, a planned seven-story, 340,000-square-foot hospital expected to open in 2029.

But building the future of healthcare is about much more than bricks and mortar.

In May, Florida International University and Baptist Health broke ground on a new academic medical center on FIU's main campus. The seven-story, 163,000-square-foot facility represents a \$158 million state investment and brings educa-



Jaime Caldwell

tion, research, and patient care together in one location. It is an investment not only in today's patients, but in the physicians and healthcare professionals who will care for tomorrow's patients.

That focus on the future can also be seen in Broward Health's new Graduate Medical Education facility. The 28,250-square-foot center is five times larger than its previous space and includes simulation, classrooms, collaborative work areas, and resident wellness facilities. Building the physician workforce is one of the most important investments a healthcare system can make.

Some of the most important investments, however, cannot be seen from the street.

Jackson Health System's decision to transition from Oracle Cerner to Epic represents a nearly \$270 million, 10-year investment in the technology infrastructure supporting Miami-Dade's public health system. The new electronic health record and patient-accounting systems are intended to create a more integrated platform for clinicians, patients, and the organization as a whole.

In Palm Beach County, the Alan B. Miller Medical Center opened its doors this year following a nearly \$430 million investment. The seven-story, 365,000-square-foot hospital includes 156 private patient rooms and was designed with room for future expansion.

And in Miami-Dade, Nicklaus Children's Hospital recently broke ground on a new 25,500-square-foot Cancer & Blood Disorders Institute, creating a more integrated and patient-centered environment for children and families facing some of medicine's most difficult challenges.

These are just a few examples. There are many more.

What they collectively demonstrate is worth recognizing.

South Florida's healthcare community is not simply responding to today's challenges. It is preparing for tomorrow's needs.

New hospitals. New emergency departments. New outpatient centers. New academic partnerships. New training facilities. New investments in technology and specialty care.

Behind every project is something more important than square footage or construction dollars: the belief that South Florida's growing and changing population deserves access to high-quality healthcare and that our healthcare infrastructure must continue to evolve to meet that need.

That is a story worth telling.

Healthcare has plenty of problems to solve. We should not minimize those challenges or pretend that every problem has an easy answer. But while we work on those problems, we should also recognize and celebrate the remarkable amount of innovation, commitment, and investment taking place around us.

South Florida's healthcare future is being built right now. And there is plenty of reason to be encouraged by what is taking shape.

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ADVANCES IN TECHNOLOGY

Smart Tools, Real Voices: Why Authenticity Still Wins in Healthcare Marketing

BY DORRON MARKETING

Artificial intelligence has arrived in healthcare marketing, and it is not going away. From drafting social posts in seconds to segmenting patient audiences, personalizing email campaigns, and analyzing which service lines are gaining traction, AI is helping marketing teams do more with less. For lean teams juggling service line launches, physician recruitment, community outreach, and reputation management, that efficiency is a real gift.

But as South Florida's healthcare organizations lean into these tools, a critical question deserves our attention: In a world where anyone can generate polished content in seconds, what makes patients trust you?

The answer is the same as it has always been. People trust people.

AI Is a Powerful Tool, and We Should Use It

Let's be clear: this is not an argument against AI. Used well, it can transform how healthcare marketers work.

- **Speed and scale.** First drafts, headline variations, and content calendars that once took days can be produced in hours.
- **Smarter targeting.** AI can help identify what different audiences are searching for, so your education reaches the right people at the right moment.
- **Personalization.** Tailoring reminders, newsletters, and outreach to patient interests and needs becomes far more manageable.
- **Insight.** Analytics tools can reveal what is working, what is not, and where your community is looking for answers.

These are genuine advantages, especially in a competitive market like South Florida, where patients have no shortage of choices.

The Risk: Sounding Like Everyone Else

Here is the catch. When every organization uses the same tools, the content starts to sound the same. Generic blog posts, templated social captions, and polished but impersonal messaging blend into the noise.

In healthcare, the stakes are higher than in most industries. Patients are not choosing a product. They are choosing who will care for their heart, their child, their parent, or themselves. They are often anxious, searching for answers, and trying to decide whom to



trust. Content that feels hollow, or worse, inaccurate, can erode that trust quickly.

AI can generate words. It cannot replace clinical expertise, lived experience, or the credibility that comes from a real physician or nurse speaking directly to a patient.

Authentic Education Builds Trust

The organizations that will stand out are those that pair AI's efficiency with genuine, expert-led education. That means putting your real people front and center.

Video from your experts. A two-minute video of a cardiologist explaining the warning signs of a heart attack, or an OB/GYN walking expecting parents through what to expect at their first visit, does something no generated article can: it lets patients see, hear, and connect with the person who may one day care for them. Tone, empathy, and confidence come through on camera.

Educational material grounded in real expertise. Patient guides, FAQs, and health articles should be written or reviewed by the clinicians who stand behind them. Accuracy is not optional in healthcare, and expert review is the safeguard that keeps content trustworthy.

Real stories and real faces. Community health talks, behind-the-scenes looks at your care teams, and patient stories shared with consent show the human side of your organization. These moments create connection that algorithms cannot manufacture.

A Practical Approach: AI Assists, Experts Lead

The most effective strategy is not choosing between AI and authenticity. It is combining them thoughtfully.

1. **Let AI handle the heavy lifting.** Use it for brainstorming, outlines, scheduling, repurposing content, and analyzing performance.
2. **Let experts shape the substance.** Every piece of clinical or educational content should be reviewed, and ideally delivered, by a qualified professional.
3. **Repurpose smartly.** Record one expert video, then use AI to help turn it into a transcript, social clips, a blog post, and an email, all rooted in the expert's real voice and message.
4. **Be transparent.** Patients value honesty. Be clear about who is speaking and who reviewed the content, and maintain human oversight on anything that touches health guidance, privacy, or compliance.
5. **Protect patient privacy.** Be cautious about what information goes into AI tools, and follow HIPAA and your organization's policies at every step.

The Bottom Line

AI can help your marketing team work faster and smarter, and healthcare organizations that ignore it risk falling behind. But technology is the vehicle, not the message. The message, the one that earns a patient's trust and brings them through your doors, comes from your people: your physicians, nurses, and specialists sharing what they know, in their own voices.

In a landscape increasingly filled with automated content, authenticity is no longer just a nice-to-have. It is your competitive advantage.

Use AI to amplify your reach. Use your experts to earn the trust.

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ADVANCES IN TECHNOLOGY

Baptist Health Heart & Vascular Care Is Changing the Landscape of Medicine with Robotic Cardiac Surgery

Robotic Surgery

For decades, heart surgery often meant a large incision, opening the breastbone and a lengthy recovery. Today, robotic-assisted surgery is helping reshape that experience, allowing highly trained surgeons to perform increasingly complex procedures through small incisions while giving appropriate patients the potential for less pain, shorter hospital stays and faster recoveries.

Baptist Health Heart & Vascular Care's Center for Robotic Heart & Vascular Surgery has quickly developed into an important platform for innovation, collaboration and increasingly personalized heart care.

Baptist Health Heart & Vascular Care launched its robotic cardiac surgery program in January 2025. 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, was recruited from Japan to establish the program. An internationally experienced robotic cardiac surgeon, Dr. Hashimoto had previously developed a high-volume robotic program in Japan.

Robotic surgery enables surgeons to work through small incisions between the ribs using highly specialized instruments and a magnified, three-dimensional view of the heart. The technology provides enhanced dexterity and precision while avoiding a traditional sternotomy in appropriately selected patients.

"With the robotic surgical system we use, the surgeon's hand movements are seamlessly translated into precise, real-time movement of instruments," Dr. Hashimoto said.

The program grew rapidly. By November 2025, Dr. Hashimoto had completed his 100th robotic cardiac surgery at Miami Cardiac & Vascular Institute just months after the program's launch. The program encompasses procedures ranging from valve repair and replacement to coronary bypass surgery, treatment for atrial fibrillation, congenital heart defect repair and tumor



Dr. Makoto Hashimoto



Dr. Tom C. Nguyen

removal.

For Tom C. Nguyen, M.D., system chief executive of Baptist Health Heart & Vascular Care, chief medical executive of Baptist Health Miami Cardiac & Vascular Institute, and chair and professor of the Department of Cardiovascular Sciences at FIU Herbert Wertheim College of Medicine, the program represents an important foundation for the future of cardiac care.

"We've done a lot and the best is yet to come," Dr. Nguyen said following the 100th-case milestone.

Taking on Rare and Complex Cases

The program's impact can also be seen in highly complex cases.

When 73-year-old Carlos Perez developed atrial fibrillation, physicians discovered he had lived his entire life with cor triatriatum, a rare congenital defect in which a membrane divided one of his heart's upper chambers, effectively creating a five-chambered heart.

The unusual diagnosis brought together experts from Baptist Health and Nicklaus Children's Hospital Heart Institute. Drs. Nguyen and Hashimoto collaborated with David Kalfa, M.D., chief of cardiovascular surgery and co-director of Nicklaus Children's Hospital Heart Institute, and professor of surgery and pediatrics at FIU Herbert Wertheim College of Medicine.

The team used robotic-assisted surgery as part of a multidisciplinary approach to treat the condition without a traditional open-chest procedure.

"The biggest advantage of robotic surgery is doing a very precise operation,"

Dr. Hashimoto said.

That collaboration ultimately helped create another major milestone.

In 2026, Baptist Health Miami Cardiac & Vascular Institute and Nicklaus Children's Hospital Heart Institute completed Florida's first robotic-assisted atrial septal defect repair in a pediatric patient. The procedure allowed the team to repair the congenital heart defect through small incisions while avoiding a sternotomy.

"Small incisions make a big difference, especially in children," Dr. Nguyen said.

The accomplishment reflected a broader collaboration among Baptist Health, Nicklaus Children's Hospital and FIU, bringing together adult and pediatric cardiac expertise, advanced surgical technology and academic medicine.

Looking Toward an AI-Powered Future

The next evolution of robotic cardiac surgery may increasingly involve artificial intelligence.

Baptist Health physicians are exploring how AI, advanced imaging and robotic technology can work together to help surgeons better understand a patient's anatomy, plan complex operations and personalize surgical approaches.

"We are entering an era where technology doesn't just assist the surgeon's hands, it enhances the surgeon's mind," Dr. Hashimoto said.

In less than two years, Baptist Health's robotic cardiac surgery program has progressed from its launch to more complex adult procedures, groundbreaking pediatric collaboration and the emerging integration of AI.

Together, those accomplishments signal a larger transformation in heart care: not simply finding ways to perform complex surgery successfully, but finding ways to make that surgery more precise, less invasive and less disruptive to patients' lives.

For Baptist Health Heart & Vascular Care, robotic cardiac surgery is helping make that future a reality. For more information about Baptist Health Heart & Vascular Care, visit BaptistHealth.net/Heart.

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

Baptist Health Breaks Ground on New Home of Kenneth C. Griffin Neuroscience Institute



Baptist Health recently broke ground on the new home of Baptist Health Kenneth C. Griffin Neuroscience Institute, part of Baptist Health Brain & Spine Care. During the ceremony, Baptist Health also announced an additional \$25 million gift from Kenneth C. Griffin, bringing his total philanthropic support for neuroscience at Baptist Health to \$75 million. In recognition of this transformational investment, Miami Neuroscience Institute will now be known as Baptist Health Kenneth C. Griffin Neuroscience Institute.

Spanning 197,000 square feet, the state-of-the-art facility will be located on the Baptist Health Baptist Hospital main campus and is slated to open in early 2029. Once complete, the new facility will significantly expand access to advanced brain and spine care; provide additional clinical space to accommodate current and future providers; strengthen interdisciplinary care, research and innovation; and further enhance the patient experience and care delivery.

Baptist Health Kenneth C. Griffin Neuroscience Institute is named in honor of Kenneth C. Griffin, founder and CEO of Citadel and founder of Griffin Catalyst, his civic engagement initiative. In 2024, Mr. Griffin made a \$50 million transformational gift in support of Miami Neuroscience Institute. His additional \$25 million gift will also establish the Kenneth C. Griffin Neuroscience Institute Transformational Impact Fund, which will provide resources to advance key priorities across neuroscience, including research, innovation, education and prevention. Together, his gifts represent \$75 million in support for advancing neuroscience research, treatment, and care at Baptist Health.

The new facility will enable the Institute to add 16 sub-specialty providers, expand its number of exam rooms and build Baptist Health's first academic lecture theater. It will also provide an array of services under one roof, including outpatient physical, speech and occupational therapy and rehabilitation; neuroinfusion services and more. In addition, the facility will expand opportunities for clinical trials and support the use of cutting-edge technologies to treat complex neurological conditions.

Designed to foster collaboration, the building will house clinical care and research under one roof, allowing physicians and researchers to work side by side. This integrated approach is expected to accelerate discoveries and advance care across neuroscience and its sub-disciplines.

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Tampa General Hospital and Health Care District of Palm Beach County to Open Lakeside Cancer Center in September 2027



Tampa General Hospital (TGH) and the Health Care District of Palm Beach County recently announced the upcoming expansion of cancer care for rural and western Palm Beach County communities. Anticipated to open in September 2027, Lakeside Cancer Center marks the first significant expansion of care in the region since Tampa General partnered with the Health Care District of Palm Beach County to enhance rural health care at Lakeside Medical Center. It is the latest in a series of actions by Tampa General to increase access to world-class care in communities throughout rural Florida.

The new Lakeside Cancer Center is planned for Loxahatchee, within 25 miles of Lakeside, bringing the expertise of TGH Cancer Institute directly to residents in the Glades.

"For families in rural communities like the Glades, a cancer diagnosis can mean traveling long distances for specialized care when they need support most. The new Lakeside Cancer Center will help change that," said Darcy J. Davis, President and CEO of the Health Care District of Palm Beach County. "As Palm Beach County's health care safety net, our mission is to ensure the communities we serve have access to high-quality care. We're proud of our partnership with Tampa General Hospital, which brings together the District's long-standing commitment to the Glades and TGH's clinical expertise and academic resources. Together, we're strengthening rural health care and bringing specialized cancer care closer to home."

The Lakeside Cancer Center will benefit from the expertise of TGH Cancer Institute through research and clinical trials, as well as access to care coordination for complex conditions and additional specialty services available across Tampa General Hospital's network.

Joe DiMaggio Children's Hospital Debuts Interactive Experience Donated by Rita Case



Rita Case, President, CEO and owner of Rick Case Automotive Group, with pediatric patient Jeremiah Pettaway
PHOTO CREDIT: DOWNTOWN PHOTO

Joe DiMaggio Children's Hospital celebrated a new interactive experience that leads to the outdoor Hope Terrace on the hospital's fifth floor, made possible through a generous gift from Rita Case and the Rick Case Automotive Group.

The custom-designed fun, playful, interactive images come to life in the walkway as patients wave their hands for butterflies to populate the garden, and grass grows under their feet and ripples form in a stream as they walk through. "When I initially walked through this space it was stark white and I thought, we have to transform this walkway. I went to Washington, D.C. and experienced this state-of-the-art technology and that's when it came to me that we needed that here at Joe DiMaggio Children's Hospital," said Rita Case, President, CEO and owner of Rick Case Automotive Group. "It's so great to see the kids having fun interacting with the wall where they have a chance to explore, imagine and express themselves. We want to see the smiles, hear the laughter and feel their joy."

Case was so thrilled with this project that she expanded it to the emergency department and imaging unit so that children and their families in those areas can also experience the same joy and happiness. The interactive experience is a welcome, uplifting distraction designed to spark moments of joy and connection. This experience offers a safe, engaging way for patients to explore, imagine and express themselves, even when mobility challenges or medical limitations make traditional play difficult. It transforms the care environment into one that nurtures creativity, comfort and emotional well-being.

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

Skanska Completes \$27.3 Million Broward Health's Freestanding Emergency Department in Sunrise



Skanska has announced the completion of Broward Health's freestanding Emergency Department in Sunrise, FL. Spanning 18,000 square feet, the new \$27.3 million facility is designed to deliver faster, more accessible care in a community long considered a medical desert, while supporting the region's continued population growth.

The facility is designed to accommodate a broader spectrum of emergency care, featuring 15 exam rooms, dedicated adult and pediatric resuscitation suites, and advanced diagnostic and imaging capabilities, including mammography, ultrasound, CT scanning, bone density testing, and standard X-ray.

Staffed by board-certified emergency physicians and specialized nurses, the Broward Health Sunrise ER, a department of Broward Health Medical Center, provides the same high-quality, 24/7 care found in hospital-based emergency departments, along with seamless access to the full Broward Health system. With spacious family waiting areas, 98 parking spaces, and room for future expansion, the facility is built to serve the Sunrise community for years to come.

Nicklaus Children's Hospital Performs One of the First Transcatheter Fontan Completions on a Two-Year-Old Child

The Nicklaus Children's Hospital Heart Institute has successfully performed one of the first Fontan procedures in the United States utilizing a transcatheter-based approach on a child, marking an important advancement in care for children born with complex congenital heart disease.

In this novel procedure, the team used a catheter-based approach, rather than open-heart surgery, to guide specialized equipment through a blood vessel to complete the child's Fontan circulation. The child, a 2-year-old born with double-outlet right ventricle, is recovering well and is expected to go home in a few days.

For children who are candidates for the catheter-based approach, the procedure offers the advantage of no incisions, a shorter hospital stay and a faster recovery compared with traditional surgery.

The procedure was led by Dr. Shyam Sathanandam, chief of cardiovascular medicine at Nicklaus Children's Hospital, co-director of the Nicklaus Children's Heart Institute and clinical professor at FIU Herbert Wertheim College of Medicine, in collaboration with Dr. David Kalfa, chief of cardiovascular surgery and professor and researcher at FIU Herbert Wertheim College of Medicine. Together, the interventional cardiology team and cardiovascular surgery team came together to carefully plan the procedure in the ongoing effort to offer less invasive approaches to care for children with congenital heart defects.



Dr. Shyam Sathanandam, Dr. David Kalfa, and team

Florida's First Pediatric Cardiac Robotic Surgery Performed at Nicklaus Children's Hospital



The cardiovascular surgery team at Nicklaus Children's Hospital Heart Institute and Baptist Health Miami Cardiac & Vascular Institute have successfully performed the first pediatric robotics-assisted cardiac surgery case, a first in Florida and one of few in the nation. Surgeons completed an atrial septal defect (ASD) repair on a teenager using robotic assistance. The milestone further establishes Nicklaus Children's as a leader in advanced, minimally invasive care for children and adolescents with congenital heart disease, the most common birth defect, affecting nearly 1 percent of newborns in the U.S.

Performed using a robotic-assisted surgical system, this procedure reflects the growing role of robotics-assisted technology in highly specialized pediatric cardiac surgery. In this approach, the surgeon remains in full control of the operation at all times, using robotic instruments to translate the surgeon's hand movements into precise, minimally invasive motion within the chest.

For qualified patients, this technique can offer important benefits compared with traditional open-heart surgery, including smaller incisions, avoidance of sternotomy, less postoperative discomfort, faster recovery, and improved cosmetic outcomes.

The procedure was led by Dr. David Kalfa, chief of cardiovascular surgery, co-director of the Nicklaus Children's Heart Institute as well as professor and researcher at FIU Herbert Wertheim College of Medicine, in collaboration with Dr. Tom C. Nguyen, system chief medical executive of Baptist Health Heart & Vascular care, director of minimally invasive surgery with Baptist Health Miami Cardiac & Vascular Institute, Barry T. Katzen Endowed Chair at Baptist Health, and chair and professor of the Department of Cardiovascular Sciences at FIU Medicine, and Dr. Makoto Hashimoto, cardiac surgeon at Baptist Health Miami Cardiac & Vascular Institute and director of robotic cardiac surgery at FIU Medicine.



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Michael F. Walsh, MD, Joins Baptist Health Herbert Wertheim Cancer Institute as Deputy Director and Chief of Prevention

Baptist Health Herbert Wertheim Cancer Institute is pleased to welcome Michael F. Walsh, M.D., a board-certified medical geneticist specializing in hereditary cancer predisposition. Dr. Walsh will serve as deputy director of Baptist Health Cancer Care and chief of the Herbert Wertheim Center for Cancer Prevention.

Before joining Baptist Health, Dr. Walsh was medical director of global development and clinical sciences in hematology at Regeneron Pharmaceuticals, where his work included clinical trials focused on cancer-associated thrombosis. Previously, he spent nearly a decade at Memorial Sloan Kettering Cancer Center (MSKCC), where he advanced from assistant member to associate member working on cancer prevention in adults and children. He also served as an associate professor at Weill Cornell Medical College (WCMC) and associate program director of the MSKCC/WCMC Medical Genetics Fellowship Program.

Dr. Walsh earned his medical degree at University College Dublin. He completed pediatric and medical genetics training at Johns Hopkins Hospital in Baltimore and a pediatric hematology-oncology fellowship at St. Jude Children's Research Hospital in Memphis, Tennessee.



Dr. Michael F. Walsh

Cleveland Clinic Martin North Hospital Adds Hematologist-Oncologist

Carlos A. Cedeno, M.D., is a board-certified hematologist and oncologist with specialized training in the diagnosis and treatment of cancer and blood disorders. Dr. Cedeno earned his medical degree from Universidad Central del Este (UCE) in the Dominican Republic. He completed an internal medicine residency at Hospital Municipal de San Juan in Puerto Rico followed by a fellowship in Hematology/Oncology at Hospital Universitario de Adultos, University of Puerto Rico School of Medicine, in San Juan.

Dr. Cedeno's clinical interests include solid tumor oncology with a focus on breast, gastrointestinal, genitourinary and thoracic cancers, as well as hematologic malignancies and benign hematology. He also emphasizes supportive and palliative oncology care, as well as multidisciplinary integration to help ensure comprehensive, coordinated treatment for his patients.



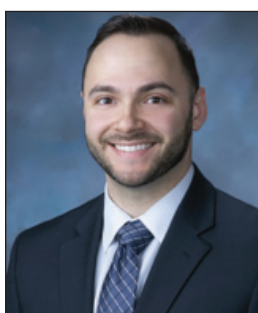
Dr. Carlos A. Cedeno

Interventional Cardiologist Dr. Kevin Schneider Joins HCA Florida Healthcare

HCA Florida Westside Hospital and HCA Florida Broward Cardiology announce the addition of Kevin M. Schneider, D.O., an interventional cardiologist, to the physician team.

Dr. Schneider is a board-certified in internal medicine. He completed an interventional cardiology fellowship and a general cardiology fellowship at HCA Florida Largo Hospital, affiliated with the University of South Florida, and served as chief general cardiology fellow from 2024 to 2025. He completed his internal medicine residency at the University of Florida at Shands Hospital.

He earned his Doctor of Osteopathic Medicine degree with honors from Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine and graduated summa cum laude from Florida Atlantic University with a bachelor's degree in biological sciences.



Dr. Kevin Schneider

HCA Florida Lawnwood Hospital Welcomes Neurosurgeon Dr. Ajay Ramnot

HCA Florida Lawnwood Hospital is pleased to welcome Ajay Ramnot, D.O., a neurosurgeon with HCA Florida Neurosurgical Specialists.

Dr. Ramnot specializes in the treatment of complex brain and spine conditions, including brain tumors, disc herniations, spinal fractures, neck and back pain, trigeminal neuralgia and other neurological conditions. His expertise includes minimally invasive and advanced neurosurgical procedures.

Dr. Ramnot earned his medical degree from Nova Southeastern University School of Medicine, completed his residency at Arrowhead Regional Medical Center and fellowship training at the University of Washington. He is board eligible in neurological surgery.



Dr. Ajay Ramnot

Dr. Julie Kantor Appointed to The Children's Trust Board of Directors

The Miami-Dade County Medical Association (MDCMA) announced that its 2026-2027 President, Julie Lynn Kantor, M.D., F.A.A.P., has been appointed as a Member At-Large of The Children's Trust Board of Directors, strengthening the representation of healthcare and pediatric expertise in an organization dedicated to improving the lives of children and families throughout Miami-Dade County.

Dr. Kantor joined The Children's Trust Board in September 2026. She brings more than two decades of clinical experience in pediatrics, along with extensive experience in medical education, mentorship and community leadership. She is an Associate Professor of Pediatrics at the Florida International University Herbert Wertheim College of Medicine and a pediatric attending physician in the Emergency Room at Nicklaus Children's Hospital. She attended Miami Dade College and Florida International University before earning her medical degree from the University of Miami Miller School of Medicine.

Dr. Kantor's appointment also complements her leadership of the Miami-Dade County Medical Association, where she is serving as President for 2026-2027.



Dr. Julie Lynn Kantor

Cleveland Clinic Indian River Hospital Adds Cardiac Electrophysiologist

Ravi Choxi, D.O., a cardiac electrophysiologist specializing in the diagnosis and treatment of heart rhythm disorders, has joined the medical staff at Cleveland Clinic Indian River Hospital. His addition further strengthens Cleveland Clinic's Heart, Vascular & Thoracic Institute and expands access to advanced cardiovascular care for patients throughout the Treasure Coast.

Dr. Choxi earned his medical degree from Edward Via College of Osteopathic Medicine in Blacksburg, Virginia, and completed an internal medicine residency at Virginia Commonwealth University Medical Center in Richmond, VA. He then completed fellowships in cardiovascular medicine at Tower Health-Reading Hospital in Reading, PA, and cardiac electrophysiology at Beth Israel Lahey Hospital in Burlington, MA.

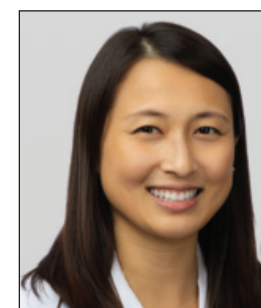


Dr. Ravi Choxi

Cleveland Clinic Indian River Hospital Welcomes Head and Neck Surgeon

Sara A. Sun, M.D., has joined the medical staff at Cleveland Clinic Indian River Hospital. An otolaryngologist-head and neck surgeon specializing in head and neck cancers and other surgical conditions involving the throat, sinuses, thyroid and salivary glands, Dr. Sun completed advanced fellowship training in head and neck surgical oncology and microvascular reconstruction at Moffitt Cancer Center, where she also served as a clinical instructor.

Dr. Sun's expertise includes head and neck tumor removal, thyroid and parathyroid surgery, salivary gland surgery and microvascular reconstruction to help preserve form and function following cancer treatment. She works closely with specialists across disciplines to develop individualized treatment plans and emphasizes shared decision-making with patients.



Dr. Sara A. Sun



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Orthopedic Surgeons Join Palm Beach Health Network Physician Group

Orthopedic surgeons John Randazzo, M.D., and Gary N. Ackerman, M.D., have joined Palm Beach Health Network Physician Group. They are on staff at Palm Beach Gardens Medical Center.

Dr. Randazzo has been practicing medicine since 2009. He earned his undergraduate degree from the University of Notre Dame in Notre Dame, Indiana, his medical degree from The Ohio State University College of Medicine in Columbus, OH, and completed his orthopedic surgery residency at New York Medical College in Valhalla, NY. He completed a fellowship in orthopedic sports medicine at MedStar Union Memorial Hospital in Baltimore, MD.

Practicing medicine since 1982, Dr. Ackerman brings more than four decades of experience to the care of patients with arthritis, sports injuries, and traumatic bone injuries. He earned his medical degree from Mount Sinai School of Medicine in NY, where he also completed an internship and general surgery residency at Mount Sinai Hospital. He completed orthopedic surgery residency training through Harvard University at Massachusetts General Hospital in Boston, followed by fellowship training in sports medicine through Harvard University at Massachusetts General Hospital.



Dr. John Randazzo



Dr. Gary N. Ackerman

Podiatrist Juan E. Sardiña, DPM, Joins Palm Beach Health Network Physician Group

Podiatrist Juan E. Sardiña, DPM, has joined Palm Beach Health Network Physician Group. Dr. Sardiña is on staff at Palm Beach Gardens Medical Center.

Dr. Sardiña has been practicing medicine since 2011. He earned his Doctor of Podiatric Medicine degree from Barry University School of Podiatric Medicine in Miami Shores, FL. He completed foot and ankle residency training at JFK Medical Center in Atlantis, FL, where he served as chief resident. He completed a traveling fellowship in limb lengthening and deformity reconstruction at the Paley Orthopedic & Spine Institute in West Palm Beach, FL.



Dr. Juan E. Sardiña

Sarah Talebagha, MD, Joins Baptist Health Heart & Vascular Care

Vascular surgeon Sarah Talebagha, M.D., has joined Baptist Health Miami Cardiac & Vascular Institute, part of Baptist Health Heart & Vascular Care.

Before joining Baptist Health, Dr. Talebagha practiced with Kaiser Permanente in Northern California, caring for patients in San Rafael, San Francisco and South San Francisco. She completed a vascular surgery fellowship at Dartmouth Hitchcock Medical Center in Lebanon, New Hampshire, where she received advanced training in the diagnosis and treatment of arterial and venous disease. Dr. Talebagha earned her medical degree from the University of South Carolina School of Medicine in Columbia. She completed her general surgery residency at Prisma Health/University of South Carolina before completing her vascular surgery fellowship at Dartmouth Hitchcock Medical Center. In addition to her medical training, she holds a master's degree from Tufts University School of Medicine in Boston and a bachelor's degree in biology from Emory University in Atlanta.



Dr. Sarah Talebagha

Sarah Seeherman, DO, Joins Baptist Health Primary Care as a Family Medicine Physician

Board-certified family medicine physician Sarah Seeherman, D.O., has joined Baptist Health Primary Care.

Prior to joining Baptist Health, Dr. Seeherman completed her family medicine residency at the University of Missouri-Kansas City, where she provided comprehensive primary care in outpatient and inpatient settings. Her training included pediatrics, obstetrics, geriatrics and internal medicine.

Dr. Seeherman earned her Doctor of Osteopathic Medicine from Lake Erie College of Osteopathic Medicine. She completed preliminary general surgery training at Faxton St. Luke's Hospital before completing her family medicine residency at the University of Missouri-Kansas City.



Dr. Sarah Seeherman



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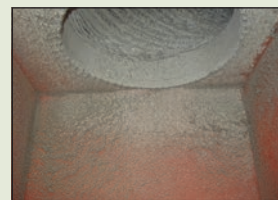
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