



MIAMI-DADE COUNTY
FINAL OFFICIAL
Meeting Minutes

Board of County Commissioners
Stephen P. Clark Government Center
111 N.W. 1st Street
Miami, FL 33128

Thursday, July 18, 2013
9:30 AM, Commission Chambers

Harvey Ruvin, Clerk
Board of County Commissioners

Christopher Agrippa, Director
Clerk of the Board Division

Alicia Stephenson, Commission Reporter (305 375-1475)



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Members Present: Bruno Barreiro; Lynda Bell; Esteban L. Bovo, Jr.; Jose "Pepe" Diaz; Audrey M. Edmonson; Sally A. Heyman; Barbara J. Jordan; Jean Monestime; Dennis C. Moss; Rebeca Sosa; Javier D. Souto; Xavier L. Suarez; Juan C. Zapata

Members Absent: None.

Members Late: None.

Members Excused: None.

Members Absent County Business: None.

1 MINUTES PREPARED BY:

Report: *Alicia Stephenson, Commission Reporter (305 375-1475)*

1A INVOCATION AS PROVIDED IN RULE 5.05(G)

1B ROLL CALL

Report: *In addition to the members of the County Commission and of the Public Health Trust Board of Trustees (PHT Board) present, the following staff persons were also present:*

- Deputy Mayor Alina Hudak;*
- County Attorney Robert Cuevas;*
- First Assistant County Attorney Abigail Price-Williams;*
- Assistant County Attorney Eugene Shy;*
- Clerk of the Board, Division Director Christopher Agrippa and Deputy Clerk Alicia Stephenson.*

1C PLEDGE OF ALLEGIANCE

2 DISCUSSION ITEMS

2A

131493 Discussion Item

BOARD OF COUNTY COMMISSIONERS' DISCUSSION

Presented

FINAL OFFICIAL

Report: Chairwoman Sosa called the meeting to order at 12:02 p.m. She noted the County Commission and the PHT Board were legally required to have a joint annual meeting. She welcomed the PHT Board members, and asked them to provide the County Commission members with an update on their activities and future plans. Chairwoman Sosa asked the Assistant County Attorney whether this meeting had to address any particular issue.

Assistant County Attorney Eugene Shy indicated that according to Chapter 25A of the Miami-Dade County's Code the purpose of this meeting was to provide a forum for the PHT Board to present its annual recommendations for healthcare delivery in the designated facilities.

After Mr. Sharpton's remarks, Chairwoman Sosa noted the County Commission decided to create a small group to steer JHS out of its crisis, and she commended the PHT Board members and Mr. Migoya for their outstanding contributions to JHS' recovery. She said that JHS' best ambassadors were the doctors and nurses who took care of the patients daily. She pointed out that JHS in its partnership with the University of Miami (UM) was ranked as one of the best among 73 hospitals in the Miami-Fort Lauderdale area in the new listing released recently.

After Mr. Migoya's presentation, Chairwoman Sosa thanked him for his in-depth presentation. She pointed out that Commissioner Edmonson was the Chair of the Committee that oversees JHS; however, she had a prior commitment and was unable to attend today's (7/18) meeting. She said that the questions regarding the bonds would be asked at the Committee of the Whole meeting. Chairwoman Sosa commended Mr. Migoya for his presentation, noting it was wonderful that the community members were aware of the services offered at Jackson. However, she said that it would be useful to carry out a campaign to inform the community that uninsured as well as insured patients would receive the best quality of care at Jackson.

Commissioner Jordan recalled that a few years ago the County Commission received an offer to purchase JHS for \$1 billion. She noted this offer made the commissioners realize how important it was for the County to own Jackson, and led them to commit to its financial recovery. She commended Mr. Migoya, the PHT Board of Trustees, and the staff for their accomplishments and the hospital's turnaround. Commissioner Jordan referred to a news article a few months ago which disclosed that Jackson was put on notice because its neo-natal care unit did not perform as many surgeries as expected. She asked Mr. Migoya whether the hospital had been able to correct this situation.

Mr. Migoya confirmed that the volume of heart surgeries performed at the Pediatric Hospital was not very high. He explained that in the past, the Pediatric Hospital had two doctors who performed these types of surgeries, but one of them left. He said that JHS was trying to identify an additional heart surgeon through UM. He assured Commissioner Jordan that the volume of heart surgeries performed at the Pediatric Hospital was slowly being corrected.

Commissioner Jordan noted she approved of JHS moving towards exclusivity with UM in certain disciplines. She asked whether UM would be restricted from competing with Jackson in those disciplines.

Mr. Migoya confirmed that UM physicians would work exclusively with Jackson in those disciplines. He said that the exclusivity agreements would

apply in the entire State of Florida.

Commissioner Jordan congratulated Mr. Migoya and the PHT Board of Trustees for their efforts to hire private physicians.

Commissioner Zapata commended Mr. Migoya for his outstanding work. He said that he enjoyed his tour of JHS, noting it was only by seeing Jackson that one could appreciate all of the spectacular improvements being made. He asked what the commissioners could do to encourage the County's workforce to use Jackson's services.

Mr. Migoya noted JHS as well as the County's workers were covered by the same health insurance plan; and currently there was no financial motivation for the workers to use one particular hospital system. He said that JHS and the Administration were working on a plan that would dramatically reduce the cost of healthcare for County workers who used Jackson and a few other healthcare facilities.

Commissioner Zapata noted if the message to the community was that JHS was a worthwhile institution, the County government should set the example, and encourage its workers to patronize Jackson's services. He said that this would help the County's healthcare program realize savings, because JHS' fees were very competitive; in addition, it would infuse money into the hospital.

Mr. Migoya recalled that when he first came on board two years ago, the County Commission took a blind leap of faith, and awarded JHS some funding to conduct physical examinations for County employees. As a result, he noted, the employees who came in with their families for these exams have become more comfortable with using the hospital, and have subsequently started patronizing it.

Commissioner Moss thanked the former Chair of the Financial Recovery Board, the current Chair of the PHT Board of Trustees, as well as Mr. Migoya and his staff for JHS' turnaround. He recalled how painful the discussions on this institution were in the past, and noted how encouraged he was by today's (7/18) discussion. He asked what strategy could be used to emphasize the fact that US News and World Report once again ranked Jackson 1st among more than 70 hospitals in South Florida.

Mr. Migoya said that this message would be integrated into the advertising campaign, which would emphasize that JHS was the foremost hospital in South Florida.

Commissioner Moss expressed his hope that the bond issue would be approved. He noted JHS made significant upgrades in its campuses located in southern Miami-Dade. He pointed out that no one questioned the quality of JHS' staff; however, people complained about its facilities. He said that he would like to ensure that JHS focused on the appearance of its facilities, as first impressions were so important. Commissioner Moss reiterated his congratulations to the former Chair of the Financial Recovery Board, the current Chair of the PHT Board of Trustees, as well as Mr. Migoya and his staff for their wonderful work.

Mr. Migoya clarified that when he stated that improvements would be made at JHS, he was referring to the main Jackson Memorial campus and Jackson North. He noted although it was not necessary to renovate Jackson South, some money had been earmarked towards the renovation of the 4th floor of

that building.

Commissioner Moss acknowledged that Jackson South was a new system, and that the focus of the renovations should be on the main Jackson Memorial campus and on Jackson North. He stressed that customer perception was paramount, and JHS should be as competitive as possible.

Chairwoman Sosa noted recently a group of residents came to her office, and they were praising Dr. Alejandro Ferrera, a Jackson physician. She congratulated Mr. Migoya and his team for their work.

In closing, Chairman Sharpton noted some very exciting initiatives were taking place in JHS; its transformation had been phenomenal; and its caregivers were providing magnanimous healthcare services. He asked the County Commission members to continue their dialogue with the PHT Board members. He stated that as the plans for JHS over the next five to ten years became better known, the members of the County Commission and the public would be delighted. He thanked the members of the County Commission for their time.

Chairwoman Sosa thanked Chairman Sharpton and Mr. Migoya for their presentation.

2B

131494 Discussion Item

PUBLIC HEALTH TRUST CHAIRMAN'S REMARKS

Presented

Report: Mr. Darryl Sharpton, PHT Board Chairman, said that it was a pleasure for him and his colleagues on the PHT Board of Trustees to address the County Commission at this annual meeting. He noted this summer represented a major milestone for the Jackson Health System's (JHS) transformation and governance. He recalled that a little over two years ago, this institution was in a crisis, and the County Commission responded decisively and dramatically by creating the Financial Recovery Board (FRB) in 2011, which took uncommon courage. He said that without abdicating its responsibility over healthcare policy and JHS' mission, the County Commission delegated to the PHT Board of Trustees the authority necessary to set JHS' public hospitals on a new, healthy course. Mr. Sharpton noted for the past two years, that arrangement had delivered on its promises, as by May 31st, 2013, JHS had moved well beyond the crisis management phase into a true policy leadership role.

Mr. Sharpton stated that as the first Chairman of the new PTH Board of Trustees, his vision was for this body to serve two primary roles. He noted first, the PHT Board had to be JHS' moral compass, with its eyes on a successful future that honors Jackson's community-based legacy. He stated that accomplishing that goal demanded that the PHT Board unmistakably understand the current state of affairs with regard to JHS' finances, operations, clinical quality, and facilities. He said that it would be necessary for the PHT Board to set JHS' management team on the right path and remain vigilant to ensure that this team met expectations. Mr. Sharpton noted secondly, the PHT Board members needed to be JHS' ambassadors to the community. He pointed out that the PHT Board members possessed deep professional, civic and personal relationships throughout Miami-Dade County. He said that if JHS was to continue its transformation, the PHT Board members must be agents of change who transparently articulate to the community the need to do so. Mr. Sharpton stated that in order to fulfill that goal the PHT Board needed to not only be informed about JHS, but to truly be inspired by it, as well. He said he believed that the PHT Board members had the passion, and expertise to bring to JHS its best future. He noted their mission was to guide the JHS executives on a long, strategic path that met the community's growing expectations.

Mr. Sharpton said that the purpose of today's (7/18) meeting, which was clearly stated in Chapter 25A, was focused on planning recommendations for JHS' facilities. He noted Mr. Carlos Migoya, JHS' President and Chief Executive Officer, would be making a presentation this afternoon that would give the Commission members an appreciation for both the scope and insightfulness of JHS' strategic vision. He stated that just as the creation and success of the FRB was a product of the County Commission's support, it was clear that JHS's future success was dependent on the on-going cooperation between the County Commission and the PHT Board. Mr. Sharpton assured the commissioners that Mr. Migoya and he intended to maintain a high level of frank communication with them in their continued dialogue over the next several years. He acknowledged that the commissioners were the elected representatives of JHS' owners, who were the taxpayers of Miami-Dade County. He noted they understood the commissioners' vital role in this process, and the need for their active involvement in helping JHS stay on course. Mr. Sharpton emphasized that JHS had an outstanding leadership team, supported by extraordinary caregivers and it was no accident that JHS was the best hospital in South Florida, and one of the best hospitals in the nation. He highlighted the need for JHS to adequately prepare for the challenges ahead, and said this was being done. Mr. Sharpton thanked the commissioners for their on-going support of JHS' mission.

2C

131495 **Discussion Item**

PRESENTATION BY THE JHS PRESIDENT

Presented

Report: *Mr. Carlos Migoya, President and Chief Executive Officer, JHS, noted it was a privilege to come before the County Commission for the annual joint meeting between the County Commission and the PHT Board of Trustees. He said that since their last meeting in 2012, JHS had continued to undergo a dramatic transformation. In addition, the Financial Recovery Board had a successful sunset and accomplished the mission set by the Commission, noted Mr. Migoya. He stated that he was eager to share some highlights of JHS' progress, some updates on its status, and some insight into its future. Mr. Migoya noted any discussion of JHS as an institution must begin with its mission, as it was what made it unique in this country, treasured in this community, and beloved by its employees and patients. He stated that in just 23 words, this mission statement declares JHS' commitment to building excellence and to sharing it with everyone in need. Mr. Migoya pointed out that because JHS was home to some of the world's top doctors, nurses and other caregivers it was often the destination of choice for people undergoing terrible illness, injury and uncertainty. He said that only here in Miami-Dade County could patients rest assured that all of JHS' experience, expertise, and resources would be focused on their recovery, regardless of their ability to pay. At the same time, noted Mr. Migoya, his team and he remained constantly aware that preserving that mission for the next generation demanded total commitment to every kind of excellence, not just medical care, but customer service, operational efficiency and financial prudence.*

Mr. Migoya indicated that the formal part of this presentation would last approximately 35 minutes. He said that in addition to fulfilling the legal obligation to provide planning recommendations for JHS' facilities, he would provide brief overviews of JHS' strategic progress, quality and safety, financial performance, academic relationships, physician alignment, program expansion, capital plans, and the major challenges that confront JHS in the future. Mr. Migoya noted in addition to the presence of PHT Board members, a few of JHS' Executive Team senior members were also available to answer any questions after the presentation.

Mr. Migoya stated that just as JHS as an institution begins with its mission, JHS as a healthcare provider begins with its patients. He indicated that as proud as JHS was about its financial turnaround, its strategic vision and its programmatic plans, all of those priorities existed only to serve JHS' goal of making miracles daily for its patients. Mr. Migoya said that throughout the presentation, he would pause to share a few brief stories about some people whose lives had been touched by JHS this year, to illustrate JHS' slogan "Miracles made Daily."

Mr. Migoya displayed 11 key strategies, which define JHS' operations. He stated that JHS would only be able to protect its mission by becoming stronger and more successful. He pointed out that healthcare costs would continue to increase; many funding sources would likely decrease; and even with the federal healthcare reform, JHS would continue to remain responsible for a huge number of uninsured and under-insured patients every year. He noted to sustain its excellence without becoming more dependent on taxpayer subsidies, JHS would have to attract more funded patients. He stressed that if JHS did not make the investments to grow its top programs, and become more attractive to the full range of patients, the huge gap between JHS' public funding and its cost to public service would become more and more unsustainable.

Mr. Migoya said that quality and patient safety were paramount to any hospital's work, and were becoming more important every day. He noted

patients and their physicians had more access to quality data than ever before, and this fueled decisions about where people sought healthcare. He stated that insurance companies and government payers scrutinized this information; and whether a patient was funded by Medicaid, Medicare or private insurance companies, hospitals would not get paid if they provided sub-standard care. Mr. Migoya said that if a patient's condition worsened after he/she was admitted to a hospital, or had to be re-admitted because of a preventable complication, the hospital would still have to treat the patient, but would not receive any payment for this treatment. He noted providing excellent care was no longer just a moral and ethical obligation, as it was a core driver of every hospital's survival.

Mr. Migoya displayed a chart depicting three of the most common infections monitored in hospitals: central line-associated blood stream infections; catheter-associated urinary tract infections; and ventilator-associated pneumonia. He noted these infections were almost entirely preventable when hospital staff implemented procedures correctly, and cared for the patients properly over time. He pointed out that the infection rates had dropped significantly since the new JHS team was put in place in 2011. Mr. Migoya said that in addition to monitoring its progress, JHS was constantly benchmarking against other hospitals, and he was proud to report that JHS was performing 69-81 percent better than the national average on every measure. He indicated that JHS was now conducting monthly quality calls for each of its hospitals wherein physicians and nursing leaders worked with the quality, and safety teams to share best practices, investigate failures, and improve the rates. He described another kind of measure performed by hospitals across the country, which charted how effectively JHS was following the checklist of care for major conditions, such as acute myocardial infarction, heart failure, pneumonia, and surgical care. He said this might mean, for example, ensuring that patients displaying certain symptoms of a heart attack received aspirin within a certain amount of time. Mr. Migoya noted such actions substantially improved outcomes, and needed to become automatic. He reiterated that JHS' performance had been improving across the board since 2011; it was now at or above the national average in three out of four measures, and was striving to be in the nation's top 10 percent in every core measure.

Mr. Migoya stressed that everything that was done at JHS was for the benefit of the patients and their families. He shared the story of Jerry Cunningham, a 14-year old patient who was run over and dragged by a bus in Pompano Beach. He said that he was critically injured, and when he came to Jackson, he was unable to walk or talk, as he suffered traumatic brain injury and multiple broken bones. However, after a few weeks at Jackson's Rehabilitation Hospital, he was able to walk and was discharged to continue his rehabilitation as an out-patient. Mr. Migoya said that stories such as this one were the reason it was so important for JHS' financial progress to continue.

Mr. Migoya displayed a slide that he had showed at the meeting with the County Commission the previous year. He said that the surplus projection for FY 2012 was just over \$1 million; however, thanks to a number of factors, JHS exceeded that goal, and closed the year with an \$8.2 million surplus. He noted that year was difficult, as JHS had to make long-deferred decisions regarding staffing, expenses, and investments. Mr. Migoya stated that, despite this success, it was apparent that JHS would not be able to continue making cuts in order to sustain its growth. He noted now that JHS' foundation had been stabilized, it was safe to start rebuilding; and a delicate balance had to

be struck between empowering JHS' areas of strength (maternity, pediatrics, transplant, trauma, and rehabilitation), and strengthening JHS' weaker areas (cardiology and out-patient care).

Mr. Migoya stressed that JHS was not in the business of making money, but it needed it to stay in business. He noted JHS' financial indicators were unthinkable two years ago: the days of cash on hand had more than doubled and this contributed to a major reduction in accounts payable. He said that JHS was formally solvent for the first time in many years; however, JHS' staffing levels per patient were still higher than in many other hospitals, but discussions were on-going with the unions to resolve this issue in a smart, professional and compassionate manner. Moreover, noted Mr. Migoya, JHS has a number of patients who were sicker than those in other hospitals, and this should be taken into consideration when identifying benchmarks. He stated that JHS had improved the manner in which it worked with uninsured patients to help them qualify for programs, such as Medicaid; this meant that JHS received a small amount of funding for their care, and helped the patients tap into various healthcare options. He noted of all the statistics in his report today (7/18) this may be the one that best reflected how to strengthen JHS as well as its patients' long-term well-being.

Mr. Migoya said that in recent months there had been a discussion about the public funding that JHS receives. He noted in addition to the ½ penny sales tax and the maintenance-of-effort from the County's ad valorem revenues, JHS benefited from Medicaid and Medicare supplemental payments. However, he stated, even with that support, the cost of JHS' public mission far exceeded the revenues. He displayed a graph depicting that a huge gap existed between JHS' public funding and public costs. Mr. Migoya noted the gap had nearly doubled within the past two years, and public costs were expected to continue to rise at a faster rate than public revenues. He pointed out that this reinforced the need for JHS to be a high performing organization that attracts public funding to keep the public mission whole.

Mr. Migoya shared the story of Ms. Jackie Sensone who was driving home from work this past April, when she suffered a massive aneurism. He said that her entire body immediately shut down; even though she remained completely awake, when she was brought to the trauma center, she was totally paralyzed – she could see, hear and think, but not speak or move. He noted one of the UM physicians in the Comprehensive Stroke Center immediately performed a life-saving procedure called a thrombectomy to remove the clot from the back of her neck. Mr. Migoya played a video taken within minutes of the procedure which showed Ms. Sensone raising her arms and talking. He said that such stories were possible because JHS worked alongside excellent academic partners without whom Jackson would be unable to maintain its position as a top-ranked hospital in the South Florida area. Mr. Migoya noted Florida International University (FIU) was an integral part of JHS' operations at Jackson North. He stated that this partnership proved that truly cutting-edge work could be done in a neighborhood-friendly community setting. He said that this fall, JHS expected to expand the FIU partnership to include a number of other hospitals caring for patients at Jackson, as well. He stated that FIU's focus on primary, and family medicine, would fill an important role in JHS' long-term strategy.

Mr. Migoya pointed out that the back-bone of JHS' academic partnership was still with the UM's Miller School of Medicine. He noted the physicians in the trauma center, the neo-natal and pediatric intensive care units, the transplant and neurosurgery and other services were from UM. He stated that a huge

percentage of doctors in Miami-Dade and across Florida were trained through this partnership, which made it a vital economic engine in JHS' line-up of services. Mr. Migoya pointed out that what made UM/Jackson such an attractive training ground for new doctors was the diversity of JHS' patients and the breadth of its programs. He noted UM President Donna Shalala and Medical School Dean Pascal Goldschmidt were as committed as the PHT Board members to ensuring that the hospital's world-renowned services were maintained for the community. Mr. Migoya said the document that defined the business partnership between UM and JHS was their annual operating agreement, which covered major areas such as treatment of unfunded patients, and supervision of doctors who were beginning their career. He noted they were finalizing the details of the 2013-14 agreement, and he would update the commissioners on their progress. He indicated that one major step forward could be multi-year exclusivity between JHS and UM in certain key service areas, such as pediatrics, obstetrics, trauma, transplant, and parts of neurology.

Mr. Migoya said that one of the most important elements of JHS' academic partnerships was the presence of partner physicians in JHS' hospitals. He explained that teaching hospitals, such as Jackson, offered patient access through specialists, research and other unique resources; but not every case/patient was best handled through this model. He noted for a long time, Jackson and UM operated almost in a single organization on Jackson's campus; practically every Jackson doctor was a UM employee, and practically every patient of a UM doctor was seen at Jackson. Mr. Migoya stated, however, that this changed, as UM adapted to the evolving healthcare environment. He noted not only did the university open its new private hospital on JHS' campus, its physicians also began practicing in other hospitals. He said that it was unfair to malign UM for this change, and it was undoubtedly true that JHS waited far too long to adapt to it. Mr. Migoya indicated that today, JHS was finally adapting to modern physician alignment strategies, which would differ depending on the needs of various programs. He said that some of JHS' programs, such as urology and bariatrics, would be open in the future, as they are today – JHS provides the facility, the nursing staff, and all other medical resources, and the program can be accessed by any qualified doctor. He noted physicians in private practice were vital to this strategy, as they had large groups of funded patients that could be serviced by JHS; while JHS had resources that the physicians were unable to find in other hospitals. Mr. Migoya said that for other programs, such as cardiology, it would be best to build teams of employed physicians that could rival any in South Florida. He stated that a fully integrated service such as this would create great opportunities for patients, continuity of care, and would enable JHS to leverage both the hospital and the physicians. Mr. Migoya indicated that certain signature programs would not be removed from the UM/Jackson partnership; for example, Ryder was the best trauma center in the world and the Miami Transplant Institute had received numerous awards from the federal government. He stressed that one of the keys to Jackson's future involved how to structure the teams of physicians in each service. He stated that JHS had recently hired 36 new physicians as direct Jackson employees and 138 private physicians had earned the privilege to practice in JHS hospitals. He said that JHS needed the excitement provided by new physicians in order to grow.

Mr. Migoya reiterated that JHS would not be able to cut its way to success; it needed to identify ways to reach new patients, and this meant careful and thoughtful growth in the areas where Jackson could thrive. He noted the alternative was to let private hospitals seize the most profitable service lines,

leaving JHS ever more dependent on public operations subsidies. Mr. Migoya said that strong and exiting programs could fulfill JHS' community mission, while strengthening its budget. He noted he believed that JHS had an obligation to preserve the full range of medical services. He recalled how more than 20 years ago the collapse of the private trauma network taught the community that it should not assume that any service line provided today at a private hospital would still be there tomorrow. Mr. Migoya stated that unlike private hospitals, JHS had a responsibility that extended beyond its profit margins, and it represented a community promise of excellence that was here to stay.

Mr. Migoya presented a few other areas in which JHS had expanded its services. He recalled that at the meeting with the County Commission last year, he described the example of a woman who was seven months pregnant, and who discovered that her baby was growing a large tumor. Doctors elsewhere had told her that her baby would not survive; luckily, she was referred to Jackson where Dr. Ruben Quintero performed the world's first surgery to remove this tumor from the fetus still in the mother's womb; the baby was now a perfectly healthy, happy, and beautiful little girl. He said that Dr. Quintero and his partner, Dr. Eftichia Kontopoulos, had now joined JHS as employee physicians, and had launched the Jackson Fetal Therapy Institute.

Mr. Migoya stated that both the County Commission and the Public Health Trust Board of Trustees had been vocal advocates of primary care in this community, as early detection and treatment of health problems were crucial to improving community health and lowering community costs. He noted JHS had continued to expand its primary care network this year, and was now working in 12 locations across Miami-Dade, including in the lobby of the Stephen P. Clark Government Center. He said that recently JHS welcomed the Rafael Penalver Clinic back into the Jackson family, and the clinic's independent board concluded that no private provider could bring the level of service that Jackson offers.

Mr. Migoya stated that JHS was still waiting for the Florida Department of Health to announce new rules for trauma apportionment; those rules would most certainly go through a public comment period, and JHS would continue to work with regulators and medical advisors to help them understand the unique role, which the Ryder Trauma Center played in Miami-Dade. He noted now that the US Air Force had joined the army in training all of its forward surgical teams at Ryder, it was fair to conclude that JHS was playing a growing role in global trauma medicine. Mr. Migoya indicated that JHS was closely monitoring the developments with regard to the regulations, and was poised to immediately submit applications to add trauma services at Jackson South and North as soon as the State was ready.

Mr. Migoya shared the story of Ms. Evelin Matamoros, which was a reminder that JHS' work did not just touch the patients, but indirectly all of the people in their lives as well. He said that Ms. Matamoros was shot in the face by a robber who left her for dead; the bullet entered through her cheekbone, went into her mouth, and drilled into her upper neck. He played a video of Ms. Matamoros' daughter explaining how Ryder's doctors saved her mother's life. He noted he recounted this story because he wanted the residents to know what a jewel Jackson was in this community.

Mr. Migoya said that JHS had been pursuing a number of strategies to reach potential patients and referring physicians. He noted JHS adopted a four-

pronged approach to the "Miracles made Daily" campaign: it worked with local and national media to tell stories such as the ones he had shared today; it used community outreach to create personal interactions between Jackson caregivers and residents; it had a social media presence, which included important tools such as Facebook, and Twitter; it rebuilt Jackson's website in partnership with the County Commission; and it had a marketing and advertising team that was promoting its brand in traditional and innovative ways.

Mr. Migoya pointed out that most residents of Miami-Dade were very familiar with the name Jackson; therefore, the print campaigns were focused on explaining why the services provided made JHS so special and different from other hospitals. He said that the campaign was bilingual, and multicultural, and used some of the latest techniques to target specific niches. He informed Commissioner Monestime, that JHS had begun working with some of the Creole language radio stations, and was exploring opportunities for Creole language print publications. Mr. Migoya noted JHS was piloting new techniques to determine which ones were successful.

Mr. Migoya stated that JHS would never reach its competitive potential without a substantial capital investment. He pointed out that JHS had pledged to reinvest its earnings into its facilities. Mr. Migoya said that in the current fiscal year, JHS had a \$68 million capital budget, by far the largest in many years. He referred to the first major in-patient unit renovation at Jackson Memorial West Wing 6, which is now home to the Spinal Neurosurgery Unit led by Dr. Barth Green, one of the world's most famous neurosurgeons. He also referred to Neo-Natal Intensive Care Unit A, which was renovated recently. Mr. Migoya noted the Miami Transplant Institute was a perfect example of the types of tactical investments that JHS was making. He explained that patients and doctors were often influenced by appearance, which was the reason JHS had made some immediate cost-efficient improvements to its out-patient transplant clinics, while planning and funding a more comprehensive renovation.

Mr. Migoya referred to a discussion that took place earlier this month in these chambers about a bond issue for JHS. He said that he would take a few moments to outline how the capital strategy would be implemented if voters were to approve the request in November 2014. He noted Holtz was one of the best children's hospitals in the world, nationally ranked in six pediatric specialties; however, it was losing market share to competing hospitals, due in part to the inadequacy of existing facilities. Mr. Migoya stated that enhancing its presence through a decentralized ambulatory center would protect Holtz' revenues and reputation, helping it retain and recruit the best pediatric subspecialists. More importantly, he noted, this would serve JHS' community mission of bringing Jackson's quality care to children across Miami-Dade. Mr. Migoya pointed out that neighborhood urgent care centers were better than emergency rooms for routine illnesses and injuries. He stated that adding to JHS' neighborhood presence through urgent care centers would allow it to fill some of the existing geographic gap. He noted these centers could also include specialty geriatric services for seniors or other innovative concepts created through partnerships with private and non-profit partners.

Mr. Migoya noted Jerry Cunningham's story highlighted the fact that JHS had one of the nation's top rehabilitation services; however, it was located in an outdated building that did not measure up to the excellent quality of care provided. He said that a new facility would unite the clinical and research work done with UM, as well as the powerful contributions of the Miami Project to Cure Paralysis. Mr. Migoya stated that JHS was famous for its

emergency care; however, the technology and layout of some of the facilities were not optimized for 21st century medicine. He said that patients should be able to rely on JHS to have the best capacity to handle every kind of emergency, whether an individual crisis or a mass casualty. He noted the work that was done with Dr. Green's team in West Wing 6 was just a preview of what must be done in the rest of JHS' units. Mr. Migoya stressed that this was more than simply a matter of appearance, as comfortable and family-friendly spaces would help attract volume and support recovery. He highlighted the technology needs at JHS, noting the electronic medical records systems had to be updated and integrated with its other clinical, business, and regulatory platforms, and enhanced with bed-side computer systems. Mr. Migoya stated that regulators and insurers expected this level of technology, which would also enhance safety and quality of care by providing more thorough and accessible information to the caregiving teams. He said that JHS' plan to spend \$165 million in this area over the next 10 years was reasonable by industry standards.

Mr. Migoya noted on the medical side, JHS had to keep up with population growth in the advancement of medical science. He said that JHS planned to spend more than \$300 million for these purchases, thus ensuring that everyone in Miami-Dade had access to the latest standards of care. He stated that plenty of other projects on the list while not as attractive were still extremely important, as JHS had more than \$100 million of deferred needs.

Mr. Migoya shared the story of Jahwann McIntyre, a young firefighter who sustained burns over more than 50 percent of his body in the line of duty. He said that he spent five months in the UM/Jackson Burn Center enduring eight surgeries and countless hours of recovery. He noted just before Mother's Day, Mr. McIntyre was able to return home and work towards his goal of resuming work in the Fire Department. Mr. Migoya played a video of Mr. McIntyre's father praising Jackson's Burn Center.

Mr. Migoya noted the last two years had brought incredible progress to JHS, but it now would have to begin confronting deeper challenges. He said it was important to remember that health care reform was comprised of two completely separate movements: the Federal Affordable Care Act, and Florida's move to Medicaid Managed Care. He stated that the Medicaid Managed Care transition, scheduled to begin in October, 2014, would undoubtedly increase competition, and lower reimbursement rates. On the federal side, any expansion of Medicaid through the Affordable Care Act could result in the reduction or elimination of major supplemental payments, noted Mr. Migoya. He pointed out that in any case, many uninsured and underinsured patients would still need Jackson's care as undocumented migrants would never be covered by Medicaid, and many healthy adults would likely opt out, especially at first, from the Affordable Care Act, because the penalties would be less expensive than private coverage. Mr. Migoya said that Jackson needed to be strong enough to absorb these changes, preserve its mission and continue becoming more successful as competition got fiercer. He noted he expected that in FY 2014 JHS would have a smaller surplus than this year. Mr. Migoya stated that JHS' finances were in much better order than they were two years ago, although substantial challenges remained. He noted JHS' cash reserves were a fraction of what a private hospital system would expect, leaving Jackson vulnerable to sudden market changes. He said that JHS' employees had made deep sacrifices to enable Jackson to be on a sound financial footing. Mr. Migoya stated that it was not possible to expect them to wait forever for JHS to start making responsible adjustments and creating a professional environment necessary to recruit and retain the best

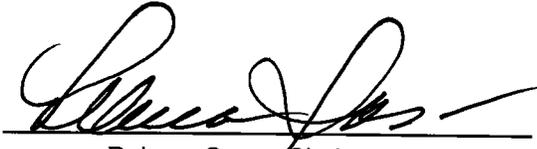
caregivers. He noted Jackson was constantly facing the rising costs of providing health care and pension benefits. He said that one of his biggest fears for Jackson was that complacency regarding its financial performance would set in. Mr. Migoya stressed that JHS had weathered the crisis, but could not afford to lose focus, as an easy slide back into bad old habits could quickly bring Jackson back to the brink.

Referring to Jackson's technology need, Mr. Migoya noted as the industry embraces new tools, they quickly go from being a luxury, to a convenience, to a necessity. He pointed out that Duke University recently agreed to spend \$700 million over seven years to implement a new electronic health records system; and smaller hospitals, such as Baptist Hospital, were spending \$100 million or more on technology. He said that a 10-year budget of \$165 million in a system such as Jackson's was a reasonable and responsible projection. He stressed that the cost of failing to keep up with the improvements would far exceed the cost of adopting the right systems.

In conclusion, Mr. Migoya noted JHS had come through these tumultuous years as a better and stronger organization; and this was a product of team work. He said that at the highest level, JHS had enjoyed the support of the County Commission, the PHT Board of Trustees, the Mayor, the State Delegation, and elected officials in Washington, DC. He pointed out that JHS was thriving because the best caregivers in the world had embraced Jackson's mission. He stated that these nurses, doctors, technicians, and therapists were leading their professions in both expertise and compassion, which was the reason US News and World Report once again ranked Jackson 1st among more than 70 hospitals in South Florida. He noted most importantly, the taxpayer-owners' view of Jackson had changed. Mr. Migoya pointed out that while slow, the change was unmistakable; the residents seemed to have faith that JHS was headed in the right direction; they believed that JHS was restoring the promise of its legacy; and they hoped that JHS' best days were still ahead of it. He thanked the County Commission members for their time, and said that he would be happy to answer their questions.

3A ADJOURNMENT

Report: Hearing no further business to come before the Board and the PHT, the meeting adjourned at 1:06 p.m.



Rebeca Sosa, Chairwoman

ATTEST: HARVEY RUVIN, CLERK

By: _____
Christopher Agrippa, Deputy Clerk



**Board of County Commissioners'
Joint Meeting with the Public Health Trust
July 18, 2013**

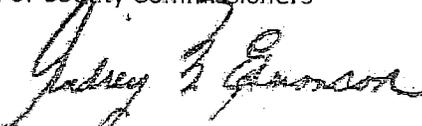
Prepared by: Maryse Fontus

EXHIBITS LIST

NO.	DATE	ITEM #	DESCRIPTION
1			Absence memorandum from Commissioner Edmonson
2			
3			
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MEMORANDUM
BOARD OF COUNTY COMMISSIONERS
COMMISSIONER AUDREY M. EDMONSON
DISTRICT 3

Date: July 10, 2013
To: Honorable Rebeca Sosa, Chairwoman
and Members of the Board of County Commissioners
From: Audrey M. Edmonson
Commissioner, District 3 
Subject: July 18, 2013 Zoning and MPO meetings and Joint BCC/PHT meeting

Please be advised that I will not be able to attend the Zoning and MPO meetings and the Joint BCC/PHT meeting on Thursday, July 18, 2013. I apologize for any inconvenience this may cause.

Thank you for your attention to this matter.

c: Robert A. Cuevas, Jr., County Attorney
Christopher Agrippa, Division Chief, Clerk of the Board
Mark Woerner, Assistant Director, RER
Irma San Roman, Interim Director, MPO
Eugene Shy, PHT County Attorney
Ivènette Cobb, PHT Assistant