HEALTH CARE SERVICES TASK FORCE
JUNE 5, 2003 3:07 P.M.
ROUGH VERBATIM TRANSCRIPT
DAWN RUBIO, BOARD REPORTER

In attendance: Evelyn Bethell, Dr. William E. Hale, Elizabeth Mayhanagian, Jean Vleming, Alan Bomstein, Jonathan Wade

BETHELL:
... can't be here sometimes, and Jean will run the meeting. But with that being said, I have been advised that we do need a chairperson. I'm communicating with the Commissioner's secretary almost daily about things that are going on because what's been happening is people are coming on and off. I understand that Dr. French will not be part of this. I've been asked to contact Carrie Mills (?). She's not on the list. I contacted Carrie. She hasn't called back. I left a message, and I think she's-- I'm trying to think of the other person, but we have replacements basically as we move down the line. I'll get a list as soon as we're sure of who will be participating. But that again being said--
BOMSTEIN:
... I'd like to nominate Dr. Hale to be chair.
DR. HALE:
No, no. I can't. I'd love to. I don't think I can.
BETHELL:
Well, can I go back to that. I'm just going to ..., but we'll do your work if you'll be the chair. We'll do your work. You don't have a lot to do.
DR. HALE:
... maybe he would do it.
BOMSTEIN:
No, no. I absolutely can't.
BETHELL:
I think there's great continuity. I'll just throw that out. Dr. Hale worked with us in the early '90s as did Alan Bomstein when we first had our medically needy task force.
BOMSTEIN:
You know who I ran into at the car wash two days ago? Grant Hurst (sp ?). (inaudible comments) His name just came up when we were talking about the '91 task force.
BETHELL:
That's a long time ago. (inaudible comments)

MAYHANAGIAN: (to Mr. Wade)
What is WorkNet One Stop?
WADE:
Actually for the past several years, the federal ... has one-stop centers in every state. And we basically deal with helping the transition from welfare to work. It's a small part of what we do because they have a five-year limit on welfare. The other one is the Work Force Investment Act where we have dollars, retraining dollars for dislocated homemakers and adults who can't afford to-- well, who are below the poverty line, help them to train to go back to work. Basically, ... what used to be the old unemployment office. We get jobs and we help people in that way. So these people can have free advertisement, and we try to match employers with employees.
MAYHANAGIAN:
And they get a tax break for hiring?
WADE:
Sometimes. But that's not ...
BETHELL:
I wanted to pass this out, and I think a couple of you have it. It's about building for the future. A meeting on June 13 concerning health care. And the reason I bring it up is that you all have been given a mission of working with cities and counties to look at health care. You've already initiated some steps. And so I would like to know what direction you wish us to go. I brought this up for the June 13th [meeting] because if you were able to, I think it would be very good to attend that meeting because you would understand what the community is trying to do at this time.
MAYHANAGIAN:
I'm going out of town on the 9th, ... and won't be back until the 23rd ... And I was hoping this would not stop me from contributing to this because I try to ... do this and it might take a while to go on and come back.
BETHELL:
I think the only-- No, no. It's clearly understood. I mean, not everybody can be at every meeting and do everything. But what this is, and actually I think I might have mentioned it at our very first meeting that when we had the medically needy task force and went to the Board to say ... referendum and it failed, we gathered up again and we started another organization, informal committee, looking at indigent health care in Pinellas County. That continued on and became a non-profit now called Choices for Community Health. Frank Murphy was president three years. About a year ago--

BOMSTEIN:
This is the thing that USF was involved in?
BETHELL:
Yes. USF did a health care study. They provided us with an assessment showing major illnesses in this community. We had task forces working on different issues, some of which lung cancer. We already had a lung organization. And strokes. We had the Heart Association working on strokes. So it was really a matter of existing organizations coming to us and getting a report. About a year ago, and I am currently and was then the vice chair, I said, what are we doing. We listen to the report and we go away. We need to be active, in my opinion-- We need to either do something or fold. (inaudible) At the same time, Pinellas County, my department, hired a health care consultant to help us look at all programs. One of the things he said is not only do you need more money for your programs, you have no system of health care in Pinellas County. Absolutely true. You have free clinics, you have community health care centers. We have all these different organizations. But does anybody come together? No. So one thing we wanted to do, and that's the 13th meeting, is bring people to the table. Not a discussion of we need more money, we need a system, but break up into work groups and start working on what type of funding, education of the public, strategic planning. That's what we'd like to accomplish on the 13th to start off anyway. We only have three hours. But we will have a facilitator helping us lead it through. And that's why I say it all comes back together. Now I might be so close. I've been in this the entire time and maybe I'm in the forest and not seeing the trees, I don't know. But I think this is well said. I know that everybody had talked about money. I think there are ways to get more money. Earlier we talked about the County. Well, the County may need to come up with increased funding. But as we work on all those things I think there are things that the group can currently do. Let me step back for a second. Last week I was just telling ... while I was in Tampa to help their meeting, and ... who is a Commissioner over in Hillsborough, he's the one primarily responsible for getting a penny for health care, talked about political will. And then I spoke and I said, you know, you got the penny because you have political will. And we were talking we had one Commissioner, Commissioner Todd, who has political will. (inaudible)
MAYHANAGIAN:
They didn't feel the federal government could do it?
BETHELL:
We're not talking about that. We're really talking locally.
MAYHANAGIAN:
I know, but did those people who were not really enthusiastic, did they feel that the federal government would come in and take care of it?

BETHELL:
They didn't even address it.
MAYHANAGIAN:
They didn't have a worry about it? They didn't have a concern?
BETHELL:
No. And I think we've come a long way in a decade. But I think that what we need to focus on is what are we going to do in our community. And, you know, I think that because Hillsborough was very successful in getting a penny, they went ahead and built a system. We're having to take an infrastructure that's already there and put it together and then get money. That's at least how I look at it.
MAYHANAGIAN:
We're doing it backwards.
BETHELL:
Probably. But it's there now.
MAYHANAGIAN:
They can find money in the state ... They can find money for other things but not for schools.
BETHELL:
Right. And I think what we need to do is just focus in on the main issues that we have, and that's why we're having a meeting on the 13th.
BOMSTEIN:
Do you have anybody from Baycare coming on the 13th?
BETHELL:
I hope so.
BOMSTEIN:
Bob Costello or somebody like that?
BETHELL:
I know that Frank Murphy was on the list, Bob Costello.
BOMSTEIN:
I think Murphy is going to be out of town.
BETHELL:
Okay.
BOMSTEIN:
He's heading out of the country the first part of next week. I'm, unfortunately, not available on the 13th ...

DR. HALE:
I don't think I'm going to be able to be there either.
MAYHANAGIAN:
Me neither.
WADE:
I don't think I'm going to be there either.
BOMSTEIN:
And I would hope that-- Nobody has more data at his fingertips than Bob Costello does. He's really got a lot of data. And those other people, ... Johnson, some of the others understand the needs and shortcomings.
MAYHANAGIAN:
Is he a physician?
BOMSTEIN:
No. He's a research person.
MAYHANAGIAN:
He's from Baycare? Bob Costello?
BETHELL:
I think there are a lot of people in ... information, and I look at this meeting as a start. I think there are a lot of issues to address. And I think that as we talk, and again, I've been in it so long that they don't see any forests in trees or trees in forests. But I think there's a lot that needs to be done with clearly communicating what we want to do.
MAYHANAGIAN:
Health care issues are big right now especially with doctors leaving.
BETHELL:
I'm sorry.
MAYHANAGIAN:
Health care issues are important because the doctors are leaving because of the malpractice thing.
BETHELL:
But I think all those things are important.
MAYHANAGIAN:
But the people can't be taken care of. Doctors don't want to take care of Medicare patients because they don't get their refund.

BETHELL:
Right. But our mission here is really more defined. I think we know the weaknesses in the system, but what we really need to do is hone in and develop a system to meet those needs. And I think that's what I was saying. I've been to a lot of meetings where we all talk about it, but nobody's doing anything about it. I think this might address some of the things you just mentioned. I don't know. I've just started putting some thoughts down.
VLEMING:
One other thing, too, I think that you can keep in mind as far as informational sources is the Health Council. They have a tremendous wealth of information and ...
BETHELL:
Yes.
BOMSTEIN:
Suncoast. Are they going to be there?
BETHELL:
Right.
VLEMING:
They can probably supply a lot of data in different areas that you may be looking into, and we should make use of what we have there instead of reinventing the wheel and going back and redoing things that have already been done or are in place already. We just need to take advantage of what we can get from the community.
WADE:
(Several talking) ... I've got a map of all the resources and try to get them to work together.
VLEMING:
But see, I think that things like that have been done, Jonathan. It's just that nothing has coalesced. We have bits and pieces of information scattered around. The same thing with resources, information on gaps and overlaps in services. But nobody puts the pieces together.
DR. HALE:
Who is chairing the Health Council now? Do you know?
VLEMING:
I don't remember. I should since I ... invoices from them regularly with the name on the top, but I can't remember.
DR. HALE:
I just stepped down ...
VLEMING:
I don't know.

DR. HALE:
... a replacement? I think that that person certainly ought to be involved in all this.
VLEMING:
I'm pretty sure we sent it to them, too, and we didn't quite know if Elizabeth will be at the meeting. She did mention she was going to bring two ... Board members.
VLEMING:
And quite a bit of information that they had just recently done on it.
DR. HALE:
There are some good people on that now. Very good.
BETHELL:
I guess-- I need direction from you all because it's like we're doing things out there, and I'm wondering if this group acts as somewhat of a steering committee for our efforts. For example, the form I just gave you was the objectives of next week. I just wrote down some ideas of things I think we should look at. But I really need your input to say, is this viable, is this what you would like the group to begin looking at.
MAYHANAGIAN:
Was your mission, bottom line, of all of this to get funding to help people who cannot afford health care, to assist them in their health care, educate them in their health care with pennies, or to help get them clinics, organized better somewhat than we have today?
BETHELL:
Absolutely. Absolutely. And when we talk about that, we're really talking about people who are ineligible for Medicaid, Medicare, don't have health insurance. ... access to that. Number one, you can have all the money in the world and put them in the health care systems, but you need to educate them so they don't use the ER for their primary care.
MAYHANAGIAN:
I remember what you said at our meeting. You know, because whether you figure as an indigent, like the guy standing out on the corner ... and he says, wow, I have employees, it costs me $90,000 a year for their health care. These are people who are working people who will become medically indigent. ... It's a surprise to you because you see it ...
BOMSTEIN:
The largest industry in our county is the tourist industry. And a vast majority of the people employed in the hotels and motels are not insured. And they're not indigent. They're working. But they're not insured, and if they have any kind of medical catastrophe at all, they're in a situation of either bankruptcy or if someone else is working, a non-paying customer.

MAYHANAGIAN:
Outback Steakhouse. The man that owns that, he was on the radio a couple of years ago. He said, I can't afford to give my people health care.
BOMSTEIN:
And more and more people ... can't afford health care. I think-- Evelyn, what I think we need to do-- the road we need to take, we need to identify the shortcomings. Where are we deficient in Pinellas County in providing for those who don't have care. Exactly what are the shortcomings? And after we can identify all the shortcomings, then we need to explore avenues of repair. How do we repair these shortcomings. What are the options. And then I think we need to lay all those options and ultimately make a recommendation of which of these various options make the most sense and some potential funding mechanism for them because in the end everything costs money. Whatever we decide to do ... Are we going to build clinics, are we going to build some kind of, you know, enhanced Johnnie Ruth Clark thing, are we going to do something-- I don't know, whatever it is. In the end there's money. And the big problem in Pinellas County is the County as a whole has not made a significant commitment to indigent care because it has not been a priority. As Evelyn said, four or five commissioners looked at it like this. Nobody's calling me about it. I'm not getting any phone calls. I'm not going to worry about it. So it's becoming a greater and greater problem, and today, in most business surveys that have them today, when business owners are asked what is their number one issue of concern in their business, health insurance keeps coming up. And what that is saying is that they can't afford it basically. So more and more are not going to provide it which is going to cause the problem to exacerbate. So I think we really need to address it, and in the end somehow this group has to come up with an analysis of here's where we're falling short in Pinellas County, A, B, C and D, here's what we think are the best alternatives to remedy those shortfalls, and the potential cost of these may be-- Maybe we don't make them. We don't know and maybe we do or do not have a recommendation for how do you fund it. But there's no question that we can improve what we've got but in the end make all the improvements of what we've got and we're still going to have an enormous shortfall.
MAYHANAGIAN:
Does the public really understand what you said about how much that costs you? There are people in the community ... As a nurse I work part time ... I have no benefits working part time. I work hospice part time. I don't have benefits there either. But I know that going in. I have to have my own.

BOMSTEIN:
Most people don't know what it costs until such time comes that they have to buy it themselves because it's not being provided for them. My employees don't know how much. They know how much is coming out of their paychecks, but they don't know how much the company is paying. And if we decided to stop, they would be hard-pressed to be able to afford coverage.
MAYHANAGIAN:
They don't understand it, and I think the employees of these people like myself, being a nurse, as long as I was working full time I had choices, and then when I had to go part time I knew I was going to lose my benefits and it took me a year and a half to get Blue Cross because of my age or my health. And a lot of people out there do take this for granted, and the employers don't call their name and say, you know, I'm paying you X number of dollars an hour but I'm also paying you for this and this. These are considerations. People out there, they don't look at all of this. They really don't.
BETHELL:
I think the other main issue that Alan was addressing too is that generally people don't understand why people are not covered. There is a misnomer, and I hear it all the time. Well, they're eligible for Medicaid. Well, Medicaid is not just if you're poor. It's too categorical. And I think that-- I was at a health care meeting last week and they were talking about this very issue. And you have to put a face to it, that that's part of what I wrote down as marketing. If I'm understanding, too, and I think what you are saying, I kind of missed it, that you've got to start looking at the different things. You've got to look at your deficiencies, your assets. The financial part, we've hired an actuarial, provided to do actuarial for us on what it would cost based on our health care consultant's analysis of the uninsured. So that's being done. Unfortunately, it's not done because of HIPAA. You've heard of HIPAA? HIPAA has stopped us, but we'll have that done within about two months. But I think that if we started early work group identifying some of these things, is that beginning to get to the essence of what you're saying, Alan?
BOMSTEIN:
Yes, I think so. I think we need to know what's in place now that is available to provide care for those who have no other resources. And of all the things we have in place now, where are the shortfalls. What are we not able to do?
BETHELL:
For example, and I'm being specific with you so I understand this and know what you're saying. We don't take care of Medicare patients, and Medicare patients have not been if they have too

much income to qualify for Medicaid. That's an unmet need. Pharmaceutical is a major unmet need. Correct? Is that what you're--

BOMSTEIN:

Yes. And also, I'm not familiar with the terminology, but I know that when the County, for example, in the last couple of years ran out of funding of whatever it is they pay to the hospitals for indigent patients, they ran out like in April and the hospitals had to absorb from April to whenever the next fiscal year started again in October. So it just wasn't enough. Whatever it was that they were paying, whatever per diem or however it was being done, that's a shortfall. Okay? It's a program, I don't know which program, Well Care or something-- whatever that program is, that program runs out of money ... So for example, you identify that program. You have a pseudo provider that the County contracts with, right, and gives them so much money and then they pay the hospitals for indigent. What am I thinking of here? Isn't it Well--

BETHELL:

Actually you are combining two of our programs. Under the managed health care system, whatever, I contract with a third party administrator.

BOMSTEIN:

Right. And they're called--

BETHELL:

Stay Well Well Care. If a person is in that-- Actually we call it the Pinellas County Health Care Services. So if an indigent comes up and they qualify, they get an ID card, ... health care managed program. If they go to the hospital, we pay for it.

BOMSTEIN:

Right. Now, so that's a service. That's one of the resources we have. Now the shortfall accompanying that resource is that it runs out of money before the year is up. There's not enough going in there to take care of the demands.

MAYHANAGIAN:

Are the charges too high?

BOMSTEIN:

No. There's more demand.

BETHELL:

No. Alan is right.

BOMSTEIN:

There's more demand, and the County allocates a fixed dollar amount. The County says, all right, here's $6 million, or whatever it is. Well, they run through $6 million in seven months. You know, that's what happens. It's just more demand than the County is budgeting.

MAYHANAGIAN:
Do you think it is the demand and not the charges?
BETHELL:
Oh, absolutely. I can tell you--
BOMSTEIN:
The charges are fixed.
MAYHANAGIAN:
Oh, that's right.
BETHELL:
... because what we do now is--
MAYHANAGIAN:
Then who takes the cost loss?
BOMSTEIN:
The hospital.
BETHELL:
The hospital. But what we're doing now is, and we used to do this and this is a change. We used to, if the persons presented at the hospital are known to us, we would determine eligibility. If they met our criteria, we would pay an amount that barely covers the cost. In 1999 we ran out of money. I met with the hospital financial staff, and I said, it's very time consuming to do all this eligibility. What if we take the pot and divide it up among the hospitals based on the percentage of indigent care. They agreed. Now, I continue to do that. That's how I--
MAYHANAGIAN:
--eliminate the paperwork.
BETHELL:
It does, but it's a limited amount of money. It's very limited.
MAYHANAGIAN:
$1 million for each hospital. You've got six hospitals.
BETHELL:
Oh, it's not a million. I'm only dividing up like $3.5 total amongst all the hospitals. But I might have good news. But--
BOMSTEIN:
At any rate it's just an insufficient amount for that program. So the solution is either you have a different program, you find some other way of caring for these people outside of the hospital, or you find more funding to take care of them ... And then you put a price tag on that and say that to do that properly it's going to cost X dollars. So what happens is we wind up reporting back to

the County, here's your shortfall, that's one area and that's the cost of that. Next problem. And you add it all up, then you're presenting basically a huge fiscal ...

DR. HALE:

That's sort of what we did when we-- years ago. But the real problem is, we don't have a County hospital. Every other county hospital, where you'd send everybody, this county doesn't, many places do. So you have a problem.

MAYHANAGIAN:

(inaudible) A lot of people think Morton Plant and Bayfront are non-profit.

BOMSTEIN:

They are non-profit.

BETHELL:

They are non-profit. But they're not public.

BOMSTEIN:

You still have to--

BETHELL:

But here's something. Right now, I can send money up to the State of Florida. I really loan it to them, and they use it to draw down more federal dollars for Medicaid. They return the money within a week at 17.5 percent interest. The only requirement is that it comes from the local government entity. Well, and I'm just throwing this out, what about the City of St. Pete? The more money we can send up and if they come to a point where they ...

BOMSTEIN:

There must be some ceiling there.

BETHELL:

Without that we're closed.

DR. HALE:

Do you know what the ceiling is?

BETHELL:

Yes, it's statewide. It's built in. But we only just got into this program a year ago, but right now I'm sending about $15.6 million up, and I'm getting another $2.7 back.

MAYHANAGIAN:

Where do you get that 17 percent return on your money?

BETHELL:

But Medicaid is actually 58 percent federal dollars and 42 percent state. Counties have to contribute to the state portion.

MAYHANAGIAN:
We pay for that in our payroll.
BETHELL:
But, what happens is the more money we put in the Medicaid fund, the more they draw down from the feds. So they use our money to draw down more federal dollars, and then they say, thank you for lending us the money and they give us the money back. Any money that is retained out of that federal funding, they use for outpatient care and hospitals. But the ceiling is $1,500 per member per year for outpatient care at hospitals. If all the counties weren't sending all this money up, it would only be $500. But the State uses their share to expand outpatient health care services. We use ours to expand our health care services for non-Medicaid people.
MAYHANAGIAN:
But you've got half a cent. Who was doing a half a cent? Hillsborough?
BETHELL:
Hillsborough. That's a different program.
MAYHANAGIAN:
If we got half a cent, where would we ask for it from? From gas?
BETHELL:
The Penny for Pinellas? Right now you seven percent on everything you buy. One penny of that goes for infrastructure in Pinellas County.
MAYHANAGIAN:
Like highways?
BETHELL:
Well, it's also the Pinellas Trail. Every city got money. They built the trails, recreation systems, all kinds of things.
MAYHANAGIAN:
So if we did half a penny and added that ...
BETHELL:
You can't do that. You can't go above seven.
BOMSTEIN:
You've got the cart before the horse.
DR. HALE:
I think Alan's thoughts are excellent. Let's identify where the shortcomings are and address that.
BETHELL:
Well, we could have a work group.

BOMSTEIN:
Maybe your staff needs to somehow come to us and say, here's where we see all the shortcomings are. We're having a shortfall in this area, this area and this area. And then we have to have some experts tells us, here are some options and how to solve each of these. Here is what you could do. ... as Dr. Hale suggested, have a county hospital. Another may be more County-sponsored health clinics. Another might be more public health service. Another might be tied in with USF in some kind of a teaching clinic program. And then we could look at all these and make a recommendation on each one. (Several talking at once.)
UNKNOWN: (Vleming ?)
Could I ask a question?
DR. HALE:
... considering managed care involved in that like ..., Neighborly Services ... We need to pool all that together so we don't ...
BETHELL:
Last week I-- You know the book *Managing People Is Like Herding Cats*? Managing health care is like herding cats because there are so many things out there you can't even begin to capture. But going back to what you were saying, too, that community health care centers, our consultants have said to us, you need to just give them a set amount of money and say go serve this many people.
BOMSTEIN:
Capitated programs?
BETHELL:
It's kind of capitated, but it's only capitated in that you're hiring the staff. You're almost paying them to contract for doctors and nurses.
BOMSTEIN:
But you may be giving them an impossible job.
BETHELL:
There's a lot of stats on how to do it.
BOMSTEIN:
I mean, you can't necessarily say, here's $250,000. You handle it, all the people in these two Zip codes, and they find out that money is adequate to handle one-fifth of the people.
BETHELL:
No, they do the stats on this. They know-- By federal ... you know how many people have physicians in states, and you calculate out. You're actually hiring the staff. But that might be one way to expand. But as part of that, no matter what you do, you're also going to have to

educate the people who use the system and the people in the community as to why you're doing it because they--

VLEMING:

Well, I was just going to ask one question and sort of play devil's advocate here because I think that under the auspices of the American Assembly process which is a process whereby we kind of unify, kind of consolidate the various entities of the whole County, and it can be municipal city governments and whatever other entities are out there. I wanted to know, when you refer to county, what are you referring to? Are you talking about Pinellas County government as it exists, Steve Spratt, the Commission?

BOMSTEIN:

Yes.

VLEMING:

And see, I think that's very narrow. You have to broaden your scope, I guess. What I'm trying to do is you have to look beyond the boundaries of county government to the whole community. I think it's a community issue. You do the task force a disservice if you limit your issues to just county government, related programs, funding. You have to look at everything.

DR. HALE:

(inaudible) But how can we shore up this group so we can get ... and people who are interested in wanting to help? They're dedicated, but some of them don't. Are we at liberty to invite other people to join us?

BETHELL:

My understanding was that we had to have a committee of eight and it was appointed. It's public though. That's a two-part question.

DR. HALE:

Like the problem we're addressing then, invite people in to help us address this.

BOMSTEIN:

I think you could have people, even if they're not appointed, they could come to participate and educate us and people through various agencies ...

MAYHANAGIAN:

When you say educate--

BOMSTEIN:

Well, understand-- For example, let's use Johnnie Ruth Clark as an example. Let's have someone from Johnnie Ruth Clark come in and tell us exactly what the problems are facing Johnnie Ruth Clark and let them, you know, if they were king, how they would solve it so that

we can analyze that and see if that makes any sense or if it's something we want to put on our agenda. Do we want a free clinic, all these--

MAYHANAGIAN:

Don't we have one, though? Don't we have some free clinics?

BETHELL:

St. Pete and Clearwater has.

MAYHANAGIAN:

The Public Health Department, is that what you're talking about?

BETHELL:

Well, I think what Alan was referring to he'd like to hear from these people that work with in the field and what they need to improve.

BOMSTEIN:

Right. And, you know, what they're unable to do today. (Several talking at once.)

VLEMING:

What they can offer to partner.

WADE:

I was just going to say that.

VLEMING:

Don't just look at the shortcomings. Look at the assets they bring, too. Because something that they have may fill a gap for this organization over here that doesn't provide that, but this organization can provide this piece, and we put it together.

BETHELL:

It's interesting that you say that because I had a thought that I would like to bring to the table, that organizations that provide health care, and there are lots of them out there, but the primary players. The primary players I look at are the free clinics, Turley, community health care centers, whomever, the Health Department potentially, but they don't really provide direct primary care, and sit at the table and say what you're talking about.

BOMSTEIN:

And the not-for-profit hospitals that are providing an enormous amount.

MAYHANAGIAN:

I met this lady the other day. She was part of the Boley Center. (inaudible) work with the medical agencies, and she said, please keep me in mind. Is that what you're talking about with the people in this kind of communities?

BETHELL:
Well, also, you're expanding when you do that. ... into mental health and into dental. And I think those are all important parts of the program, but-- Actually, I think about this a lot, but I think that when you start, you need to start with the basic primary care, health care, and expand to include dental and mental health. But we may wish to start off with just medical primary care groups to say-- Because I think that we could work better together. I think that there may be people who go to both of us. Instead of wasting our dollars, we need better information sharing.
WADE:
There's probably should be some kind of incentive for collaboration because right now people are competing rather than collaborating, so if I beat you to the dollars then you're not my partner. You're my competitor. But there's some resources out there that pull people together, if they come together-- They don't have to do the same thing, but they can share information and maybe not try to duplicate services, or they might even share customers, I don't know.
VLEMING:
Interesting that you just said that because we just recently participated in a grant that Boley spearheaded, but it's a consortium grant in which I think it was five federal agencies came together and offered funding, and you had to put a partnership together to compete for it. But it was staffed so the mental health and substance abuse side, veterans, Health and Human Services Bureau for primary care, and I can't remember who else. But essentially that's what it is. It's a partnered grant, and that's the first time that the federal government has actually put out an RFP like that in which they put it together and said in order to get the funding you have to come together and present these services in a collaborative way.
MAYHANAGIAN:
I hadn't heard of Boley. (inaudible) I thought that was interesting. I had never heard of Boley Centers. I'm glad you--
BETHELL:
We fund them. One thing, we heard from some people who couldn't be here like Mr. Archbell, but things are in transition right now about who wants to be on and who doesn't. We'll be sure next time we know who is coming. Even as of yesterday, I must apologize, but I heard somebody had dropped off. So I think at the beginning we're going to have some of that, ... you want us to invite ... and perhaps start off by having some resident experts like Tracy Payne (?) from Community Health Centers coming. How about somebody from Turley like Dr. Hutter (?) or someone to address what they can do and can't do? Is that the kind of thing ...
DR. HALE:
How about Elizabeth from Health Care?

BETHELL:
Oh, absolutely.
BOMSTEIN:
I was chair of the hospital a while back and Baycare Health System ... long time.
BETHELL:
When you mentioned funding, I wanted to mention a lot of other things, too, that-- ... trying to be creative, and I'm trying to do something else with Medicaid. The County contributes to the Medicaid fund to the tune of about $6.2 million. But I've spoken with the Medicaid director. But I still would like to do a pilot project locally and keep some of my dollars because I can prove that if we are able to see people, even people who go on to Medicaid, we actually help them to get their conditions stabilized if they have to go on Medicaid or are waiting. The other thing is, and I always think of Frank Murphy. He talks about people who walk into the emergency room with drastic illnesses because they waited so long to get health care. And if we can show some of these things, maybe we can do a pilot program. But at the same time we're proceeding, I would like to go that way.
BOMSTEIN:
The hospitals are spending far more than the County in Medicaid payments to the State ... indigent tax based on revenues. I think Morton Plant Hospital alone spent more than $6 million a year. If we could get a pilot program where instead of the hospital sending that money to the State, it went to the County for direct use in the county, we'd get far more bang for our buck, wouldn't we?
BETHELL:
Yes we would.
BOMSTEIN:
Because we're not getting everything back that we're sending up there, I'm sure. And, you know, I'm sure if somebody like Costello could give you the numbers of exactly what Morton Plant and St. Anthony's are sending up, it far exceeds what the County is doing. And if we could get, develop a program and say to the State, look, we've got an idea and we think this is going to be a good thing and why don't we try it for two years and see what happens if we let the hospitals pay their indigent tax to the County instead of to the State.
MAYHANAGIAN:
... how does the State divide that money, for Medicaid?
BETHELL:
For the whole state. Actually, most of the funding-- and this really gets me. For example, the money we contribute to the Medicaid fund goes into general revenue.

MAYHANAGIAN:
Too big of a pot.
BETHELL:
We could-- In fact, some of it goes for education.
BOMSTEIN:
... part of the general revenue ... legislature. And if the legislature decides not to increase health care funding as they did this year, then whenever increases go up from the hospitals do not get reflected in utilization to our health care.
MAYHANAGIAN:
So we're taking health care dollars and we're putting them into other pots.
BOMSTEIN:
And that tax used to be two percent ... I think someone was telling me it's like one or one and a half percent now.
BETHELL:
... Don't we need a trust fund?
BOMSTEIN:
I think so, yeah.
BETHELL:
... still have that.
BOMSTEIN:
Hm-hmmm. It's huge dollars.
MAYHANAGIAN:
But then she was saying we have to look beyond the County. Is that different? Look beyond the County?
VLEMING:
Well, it's both. I mean, when I say beyond the County, I'm using the narrow County government and the rest of the community like city governments to share into it as well as other organizations within the community. But beyond that, you could look at grant funding and those kinds of things or other revenue streams, not guaranteed funding. There are all other kinds of strategies, too, for funding health care issues. But that's something for down the road.
MAYHANAGIAN:
I don't like health care dollars going into other buckets.
BETHELL:
Well, it goes into general revenue and then the money goes into health care. It doesn't just disappear.

MAYHANAGIAN:
But dividing the money is different. I pay on my paycheck into Medicare's dollars.
BETHELL:
Well, that is different. That's another ... Medicare and Medicaid are different.
MAYHANAGIAN:
But when Morton Plant is paying those taxes, that revenue goes for medical care, does it not?
BOMSTEIN:
It's supposed to. It goes to the State, it's an indigent tax basically, and then reallocates it back based on-- (All talking at once.)
VLEMING:
Complicated formulas depending on how much do profits and losses ... So however they set these up, ... try to ignore them ... don't understand what they're talking about.
BOMSTEIN:
Actually every hospital ... not-for-profit.
MAYHANAGIAN:
But some of that bothers me considerably in the number of hands all these dollars go through.
BETHELL:
Yes. And I said that to the Medicaid Director. We pay you more than you pay Emergency Medical Services.
BOMSTEIN:
And it gets skimmed all along the way.
MAYHANAGIAN:
That's what I don't like.
BOMSTEIN:
(inaudible)
MAYHANAGIAN:
That's what I'm saying. I just can't say it that way. I just don't-- There's too many pots. (inaudible)
BETHELL:
Okay. At the next meeting, report back ... on our health care forum.
BOMSTEIN:
Right. And let's have one or two people here that ...

BETHELL:
... I know people that if they could they'd be more than happy to be here. ... feedback from the meeting and some resident experts on what's going on. Is there anything else you want to address at the next meeting?
WADE:
I'm kind of in the same boat they are with that meeting on the 13th. On the second Friday of every month is our One Stop meetings, and we meet from about 8:00 until-- it's usually over about 10:00, 10:30. So if I get out there I will be running late.
BETHELL:
Tell Ed you need to come.
MAYHANAGIAN:
This is a better time for all of us.
BETHELL:
This is a community meeting, and this was set up months ago. You're probably the one person who ...
DR. HALE:
I can be there for part of the time ... (End of side 1 of tape)
MAYHANAGIAN:
What was her name?
BETHELL:
Rugg. R-U-G-G.
MAYHANAGIAN:
And what does she do?
BETHELL:
She's the Executive Director of the Suncoast Health Council. What we will also do is, (inaudible) they have a listing of all of us health organizations, and I think we even have it here. We'll get you a list, and it's pretty comprehensive that lists all these agencies and companies and so forth.
MAYHANAGIAN:
There's a lot of things out there that I'm not into like you guys are. (inaudible) You see a bigger picture than I do.
BOMSTEIN:
Evelyn, when Frank Murphy and I did the indigent care presentation to the County, we had some data that you had indicated your staff wasn't concurring with. Have you responded to that,

where that data is insufficient or incorrect so that we can get that corrected because it's something along the line-- I'd like to introduce that information to the County.

BETHELL:

I have not sent that back. I was waiting, in fact, I have a meeting with my boss tomorrow-- I was waiting for a response from Baycare. They're going to send us some information on some things, and I never got that. And I think we're into who's on first right now. My notes from the meeting say I was waiting for a report, but in the meantime I did have my staff do a chart showing how much we've actually spent, and I can get that easily if you need me to get that data. I also wanted to talk to Jerry Bush about some of those things because I'm not sure whether there's a misunderstanding. Baycare did a little study, and some of the numbers were not correct, and I think it may be the way it was analyzed.

BOMSTEIN:

They hired Jerry Bush to do an analysis of indigent care countywide, what the demand was, what the actual funding was, what the hospitals were spending, how it related to other counties. It was pretty drastic when you looked at the differential between most of the urban counties and Pinellas. We were woefully below what most urban counties in the state are spending per capita on ... And that-- The numbers were almost shocking, ... take your breath away. And ... said that the ... that these numbers were really ... and I want to get them right so that we're not operating-- so we don't ... misconception and present some information that's bad. But we need to get that ready, and we should have-- Actually, this guy Costello is a good numbers cruncher. He could come in and really grind out some numbers for us if we want to get a handle on what's happening through hospitals.

(inaudible comments)

DR. HALE:

Well, do you think we need to have him by himself or--

BOMSTEIN:

Well, it will only be for a hour and a half. And we give each of them a half hour and leave us another half hour to try to kind of digest and talk about what we heard, it's probably not bad.

VLEMING:

... because they may not all be ... some will go on vacation ...

BETHELL OR MAYHANAGIAN: (?)

... Actually I won't be here for the July 17 meeting.

DR. HALE:

... assisted living ... elderly care.

BETHELL:
There are some homes that take Medicaid ... and I forget if you do have to be in assisted living and be eligible for Medicaid. It's very hard. But it's not what we need today.
BOMSTEIN:
What about the nursing home crisis? Does that hit home with the County at all? I mean, what happens now in the county with an indigent person who needs to be in a nursing home? How do they get taken care of? Because there's less and less nursing homes because of insurance problems.
BETHELL:
I don't know of the crisis because the patients we have, if they need to go to a nursing home we'll provide that for them. But usually if you're in a nursing home and indigent, then you're totally disabled and you go on Medicaid. The State takes over.
MAYHANAGIAN:
... take care of these people, the funding.
BOMSTEIN:
Well, my question ... (Several talking) ... sufficient capacity for ...
VLEMING:
I think what the difference is-- We have an abundance of nursing home facilities in this county. We're very lucky in that. The problem you might find is in the number of Medicaid beds that are licensed.
DR. HALE:
Do we have enough Medicaid beds that are licensed?
VLEMING:
I don't know because I don't know now how many are available. But that's always been a very, very rich resource in this county as far as nursing home availability.
WADE:
Well, they have problems. I read that (all talking at once) ... and these are all private paying. (All talking)
VLEMING:
Something else that you might want to think through, focus on, when you're talking about nursing home facilities meaning assisted living facilities, and part of the elder ready community is indigent. We should be looking at the other side of the picture and ways to promote independent living so that we don't need to have all those nursing home beds available.
MAYHANAGIAN:
But they cost a lot of money for an ALF, $3,000 a month.

BETHELL:
They vary considerably. They really do. But I think that you're into another issue of wellness. If people take care of themselves they really are independent far longer. (Several talking at once.)
MAYHANAGIAN:
But age has nothing to do with it. These people in these homes are not all 80 years old.
BETHELL:
That's what I'm saying. Sometimes people require health care because they haven't taken care of their health.
MAYHANAGIAN:
But some things you can't prevent.
BETHELL:
Right. We know that, but there are a lot of people that if you teach wellness-- Obesity.
MAYHANAGIAN:
You have accidents. You have stroke. See, I look at it from this side. And I ... adult by himself, 62 years old. (Several talking.) But when you're ill ... people look at you differently because you figure 82 years old, that's an old man. A 62-year-old man who's had a stroke, cannot work or speak for himself, he had no ... So he goes into a nursing home. It has nothing to do with his health per se, ... So who takes care of ... shortage of Medicare beds.
BETHELL:
I said you'd have to look at that. Yeah, Medicaid. But I'm not saying that's an issue.
BOMSTEIN:
Well, I don't know if we need to go there ... I was just asking is it a pressing problem ... because we have-- Our plate will be full with pressing problems.
BETHELL:
And I don't believe that it is [a pressing problem]. I think ours is overflowing. (Several talking) I think that ... whenever we've gotten into health care in the past, we talked about mental health, we talked about dental. Those are all major issues, but sometimes you need to just focus in on the basic physical health care which could include dental health, but just focusing in on that and trying to understand. Next time we'll have a couple of guests talk to you, and we'll also have hopefully some information to provide to you from the forum.
BOMSTEIN:
Do you have the ability to provide us with an easily readable, somewhat comprehensive list of all of the agencies in the county who are in the business of providing care ...

BETHELL:
You're talking about the Johnnie Ruth Clark ...
BOMSTEIN:
Why don't you do that for us with a little one- or two-sentence description of what each one of these does so that I can refresh my own self as to who is doing what for whom. I don't want to get back a 20-page report here. I just want something that fits on a page or two.
BETHELL:
(inaudible)
BOMSTEIN:
Yeah, that would be fine.
MAYHANAGIAN:
... nursing home business because some of them closed ...
BOMSTEIN:
Well, that's happening more and more. I see that guy on television in the morning asking if you've got bedsores in a nursing home so he can file a lawsuit. (Several talking) They've turned it into if you've got a bedsore you've hit the Lotto.
DR. HALE:
Is there a list of agencies or directories that provide ... health care? That Neighborly does that sort of thing. Do you have a list of those that show the services?
BETHELL:
... computer lists on the Internet, so we'll go out there and look at it and see what they have. You know, it becomes very complex ... and I say it all the time. We are rich with community agencies. We have over 800 community agencies. What happens is, it gets very confusing, right, because everybody provides a little bit of the ...
MAYHANAGIAN:
Somebody said something about a health guide ... open to the public to ask these questions about where can I go for ...
BETHELL:
That's what it is. It is for the public. Just dial 2-1-1. And that will give you all the information you want to know.
WADE:
We can go out and take a tour of Largo. You can take a tour any time.
UNKNOWN:
... Ulmerton and 113th. Next to the Mary Grizzle Building.

MAYHANAGIAN:
I know where that is. Do you have services that people don't know about? ... Some people are too proud ... (Individual conversations) You have to lose everything you have to go to these homes.
BETHELL:
Johnnie Ruth Clark ... wants to expand up to Tarpon. Bilirakis is getting the money. (Others talking) Yeah, appropriations. Bilirakis is very big on spending health care ..., and Johnnie Ruth Clark Health Centers is going to expand ... They're also trying to expand down here. The County is going to give them money for ... (All talking at once.)
DR. HALE:
Who is running Johnnie Ruth Clark?
BETHELL:
Tracy Payne (?), and he's wonderful. So I'll invite him or someone who works with him to come to the next meeting. (All talking)
VLEMING:
But you may find that there's information on here that you can use and not have to go back and redo some pieces. The ... can help us with that. (Individual conversations) Here we go. And the other one, I think, is the old medical needs study.
BETHELL:
They're all called the medical needs study. If we have to ... you're going to have to look like a steering committee so ... We'll try to hurry that up and bring the information back to you and have it ready for the next one.
MAYHANAGIAN:
You people know all the important people to bring.
BETHELL:
These are important people.
MAYHANAGIAN:
No. I said they know. They are important, and they know all the important people.
BETHELL:
Dr. Hale was the chairman of the medically needy study back in 1990-91. ... dedicated physician. Started our program.
DR. HALE:
It's been a while. (All talking at once.)

BOMSTEIN:
I don't know. We had talked also about what would it take, and I think this is a question for the County legal department, what steps would we have to go through to expand utilization of the EMS tax monies?
BETHELL:
Actually, Commissioner Harris likes that idea. And I will talk to the attorney again. I believe that a change in the ordinance including ... But I don't think that it's something that's beyond--
BOMSTEIN:
If it's only legislation and not referendum, it could be a good thing.
BETHELL:
It could be a very good thing.
BOMSTEIN:
Because therein lies an existing tax that could be tapped. Their authorization, I think, is 1.5 mils, and they're only using .6 something.
VLEMING:
We're looking at that very seriously now.
BOMSTEIN:
The .6 is generating, I think, $57 million a year, something like that, that's being used for EMS. So, you know, you ... a few points from those on there, we can come up with $10 or $20 million pretty quick which would go a long way toward indigent health care.
MAYHANAGIAN:
You'd want to ...
BOMSTEIN:
Well, the real question is how far is it going to go to expand the definition of how that's used ...
BETHELL:
I don't know what they would do, but actually-- (All talking at once.)
BOMSTEIN:
If it's sold properly, I think ... increase in taxes ... (all talking) They're afraid it's going to denigrate the EMS ... then ... But that's only because-- But they have the ability to do that now without ... They have authorization for one and a half mils, and they're only using ... So that authority, the EMS authority, could on their own decide next year we want to go to .8 and people would have no say because the people have already ... 1.5 mils. The fact of the matter is your taxes could go up in Largo whether you said you liked the change or not. So if it did have to go back to the people, it would really take a coordinated sell. (inaudible)

BETHELL:
I don't think it needs to go back to the people. I think they need to change the legislation.
BOMSTEIN:
... update that.
BETHELL:
They're working on that right now. ... when we were talking about commissioners being supportive--
DR. HALE:
Excuse me. It's the Commission, you mean?
BETHELL:
The Commission. And actually I went in to see Commissioner Harris one day about something totally different, and he said, "I've been thinking about some things. I've been thinking about that millage and that tax." And I was like that is the best thing for me to have a commissioner that-- And he's sincere.
BOMSTEIN:
Well, he checked into it--
BETHELL:
He checked into it. I think you'd have a great deal of support across the board And you have Steve Spratt who comes from Miami and is so creative. But they're looking at that, and I already talked to the EMS Director about ...
VLEMING:
Won't they divert it to trauma services? (Several talking)
DR. HALE:
... agencies is, you expand the role of some of those. Like Neighborly, for instance, ... Some of them get on the phone every day. They see thousands of people. If they could expand what they did when they go to the home other than just handing them a meal or-- You know what I'm talking about. They could check blood pressure or whatever they do.
MAYHANAGIAN:
... older people that do this are ... I guess you could educate them.
BETHELL:
No, you get people actually. And it's interesting to say that because a long time ago, the Medical Director out at EMS said there was this wonderful concept because they do it in Argentina where you can have docs in cars who go out and see patients to just do vital checkups, and we talked about the possibility of paramedics doing that. Instead of the trucks sitting there waiting for the

next call, you send them out. Unfortunately, it happened the way of many things. It just got so involved in legalities and stuff. There's still some good things there.

BOMSTEIN:

Well, what Dr. Hale is talking about though doesn't necessarily have to be directly medically related. It could be informationally related. Maybe it's just getting down-- Maybe it's just distributing the information of, "By the way, did you know that there's a clinic in say Largo here, and there's transportation available? I'm going to leave this brochure with you, and should you need care this would be the most convenient place for you to go." You just don't know. They don't know what's available, and they assume nothing is available. They have no money. For the same reason they're not filling their prescriptions because they can't afford to. They also assume they can't afford medical care, and maybe they just need the information. Maybe we can help that whole process in a non-medical ... , somebody who's doing nothing more than delivering a meal.

VLEMING:

Right. We attempted to do that with our Healthnet project that we funded out of 211, just like handing out brochures and informational packets. This is a specialized health information or referral. Just call us up. We'll try to go through. And we tried to work it through EMS and the paramedics, and that got all convoluted and kind of just fell apart. But they do the same thing in terms of outreach in providing that information to various organizations and agencies so that they have it accessible and can provide it to the public that they come in contact with and any other patients. Probably it's not a bad idea to revisit that and maybe make it more comprehensive. But there are all kinds of problems though with barriers that you would not think exist when all you want to do is really hand out like a business-sized card saying call this number if you need help in this area.

BETHELL:

Like what ... talked about. Sometimes it's people not thinking outside the box. And sometimes it's people being afraid of liability. And sometimes you need to just say is this for the good of the masses. Let's take a little liability and go for it.

MAYHANAGIAN:

What would be the liability when you go up to a little old lady and bring her her little lunch and say, and how are you feeling, Mrs. Jones, today. Do you have a headache all day long and do you feel dizzy when you get up. Why would there be liability of domestic situations ... giving them a little information and stuff.

BETHELL:
Oh, my attorney-- I'm not sure there would even be a liability, but my attorney would say, you're acting outside the scope of your responsibilities. You're there to deliver food; nothing more. It gets convoluted, and sometimes you just go, I give up.
VLEMING:
What we think is simple turns out to be ever more problematic than you can imagine. But not to say ... re-examine and figure out if there's a way around like Evelyn said, think outside that box and find a way to get it done.
BETHELL:
I think the other thing you may consider is whenever you do anything, we really try to do indigent health care. But if say we did something with the tax, you include things for others. I mean, the community taxed themselves to make sure they had a good EMS system. So you add a few things for indigent, but maybe you add a few health fairs, or you get your free flu shot. Things that cost nothing but sell.
MAYHANAGIAN:
... but do you know how much it costs to go by ambulance from my house to the Largo Medical Center? (inaudible)
BETHELL:
And that doesn't even cover the cost.
MAYHANAGIAN:
Really? ... And we're going all the time. I think that's a lot of money.
BETHELL:
Oh, it is.
UNKNOWN:
I remember when Moss used to ... bring somebody back.
BETHELL:
Isn't that amazing?
MAYHANAGIAN:
Well, you said about the mobile doctor. I thought Morton Plant had a mobile doctor. Not Morton Plant. Bayfront. Didn't they have a little truck for the doctor to go around the community?
BOMSTEIN:
They had a home health care operation, if that's what you're talking about.

MAYHANAGIAN:
No, it was a doctor. There was a doctor who had a little truck. It was a pretty short run, but he went around to these homes that the people couldn't get out to the doctor's office.
VLEMING:
They're doing different programs like that in a variety of places because I just read recently something in the paper about doctors who are making home calls, and they're going back to that. ... I remember from my childhood. But it's ending up allowing them a little bit more freedom, but I think that somehow it's saving them dollars because they don't have the overhead of maintaining an office, per se. There are trade-offs on both sides. But there are various traveling doctor vans. But I don't remember exactly which organizations they're affiliated with.
BOMSTEIN:
Well, the County just cut out the traveling veterinarian ...
VLEMING: (?)
(inaudible)
BOMSTEIN:
You didn't hear about that? What did they call that?
BETHELL:
The Animobile. That's our old van.
BOMSTEIN:
The County stopped funding it.
BETHELL:
No, we didn't stop funding it.
BOMSTEIN:
There was a big stink about it in the paper.
BETHELL:
I mean, there was a shortfall, I think, to keep it operational. But it's still there. Do you know where that van came from? It was ours. We gave it to them. We upgraded our van. (Others talking) Thank you very much.
(Mr. Wade left at 4:22 P.M.)
BETHELL:
We have our assignment. If there is anything else, please let us know. I will try to meet your needs and have the right people here. We'll give it one more shot, guys. What do you say?
BOMSTEIN:
... chair the thing.

BETHELL:
Could you co-chair if we do the work? (Others talking) Will you be co-chairs? Thank you very much, gentlemen. You co-chair.

ADJOURNED: 4:23 P.M.