



FEDERATION  
OF  
MANATEE COUNTY  
COMMUNITY ASSOCIATIONS

***MARCH NEWSLETTER***

Next Meeting – **March 16, 2015** at 6:45 P.M.

***LOCATION – SYNOVUS BANK***

2520 Manatee Avenue West, Bradenton, Florida

Conference/Meeting Room – Enter through side door on 26<sup>th</sup> Street side

Please mark your calendar and attend with a friend to show support for your community and quality of life.

**AGENDA**

- GUEST SPEAKER – Commissioner Charles B. Smith
- Reports and requests for assistance by homeowners and items of interest
- Reading of January/February Minutes and Treasurer’s Report
- Update on Smart Meters – Kay Lynn Duncan
- Time Limits at Public Meetings – Glen Gibellina

**PRESIDENT’S MESSAGE – HEALTHCARE - WILL MONEY FIX IT?**

The Healthcare industry in this country is in crisis mode and must prepare for change. The changes must encompass not only the care and compassion for the population it services but, must also include technological and financial progress unlike this industry has experienced. It has been stated that we have a “sick” care program and not a “health” care program. In view of our longer life span and the ever growing over 65 population, the path to incomplete and over utilized facilities is clearly in the not too distant future. Funding measures and procedures must be facilitated quickly to avert a complete melt down of our healthcare delivery systems.

Manatee County must take advantage of and utilize fully all of the program offerings in order to avoid this melt down. Some of these existing issues are as follows:

1. The established indigent care trust fund will be exhausted this year.
2. There is an increase in the number of patients using emergency hospital services as their first contact for medical care.
3. The rapid growth within the county continues to increase the number of patients for utilizing medical services.
4. Government funded programs seem not to be consistent in administration of services, they are politically charged, and finally the absence of financial accountability.

In our previous newsletter we suggested steps for developing solutions to issues of immediate concern and impact. These processes included gathering information, and transitioning into an action plan. These two critical steps certainly apply in this instance.

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“Eternal Vigilance  
is the price of  
Liberty.”

Change is ever present and uncomfortable for most people, worse yet is being forced into change by outside forces. Manatee County is at a major decision point and must address healthcare objectives for its constituency.

We strongly encourage our leaders to partner with local healthcare service providers to develop an action plan that will encompass measurable outcomes. Certainly we would expect that the public would be kept informed and involved as the plan is developed.

*Below is an excerpt from the FMCCA February 17, 2015 meeting minutes. The article features our guest speaker, Dr. Richard Conard who presented us a presentation entitled "21<sup>st</sup> Century Healthcare for Manatee County."*

### **21<sup>ST</sup> CENTURY HEALTHCARE FOR MANATEE COUNTY**

Dr. Richard Conard, is a retired doctor of a large primary care medical practice in Manatee County and a founder of L.W. Blake Hospital serving as the Hospital's President from 1971-79; and leader of the group of doctors who created the 184-acre healthcare campus located on 59<sup>th</sup> Street West in Bradenton; and involved in the creation of many health care facilities and programs. He believes Manatee County has some of the finest, most knowledgeable and capable medical providers in all of the country.

Dr. Conard gave an in depth presentation to the Federation entitled "21<sup>st</sup> Century Healthcare" for Manatee County. His subject was divided into two parts: "National Healthcare" was Part 1; and Part 2 addressed Local Healthcare for Manatee County and included a slide show for illustration.

**Part 1:** Our National healthcare (HC) legislation was established in 1965 with passage of Medicare health insurance for the elderly; and Medicaid health insurance for the poor (MM). Five years later, in 1970, Florida opted to implement the MM under this program. At that time, a patient's primary health care was provided by their family doctor who was known as our HC "gatekeeper." During the past four decades, family doctors providing personal HC to a patient diminished and patients are often being seen by specialty doctors and the gatekeeper concept is gone.

In 2010, the Patient Protection and Affordable Care Act (ACA, referred to as Obama Care) was passed into law. This has put excessive pressure on the HC system for transparency and accountability. We spend more in America for HC costs than in the rest of the world combined and our costs are exceeding \$3 trillion annually. We have now evolved to a HC delivery system that is financially unsustainable, inefficient and wasteful.

We have put excessive pressure on the HC system for transparency and accountability. In 2014, the Florida Legislature again declined to become involved with ACA, a law interpreted as "flawed legislation." Since 2013, Florida continued to refuse to put in place their insurance exchange and this lack of action is causing a crippling effect on our hospitals, businesses, and providers.

Florida's potential financial loss of not taking the ACA money totals between \$54-66 billion. For fiscal year 2014-15, Florida's budget is \$77.1 billion and 41% or \$31,878 billion is budgeted for HC. Dr. Conard predicts within 12-15 months, Florida will have negotiated to receive funding from the Feds. In 2017, three insurance programs to provide funding will fall away: 1) Essential Benefits, 2) Transitional Reinsurance Program, and 3) The Risk Corridors and Risk Adjustment Programs. This will greatly increase the cost of insurance and could significantly decrease Federal monies for HC.

In June 2015, a case filed by 28 states will be heard before the Supreme Court. This case is called "King vs. Burwell" and concerns insurance subsidies and tax credits. This will determine the legality of ACA (Obama Care). Florida is one of the 28 states challenging the constitutionality of this law.

**Part 2:** Dr. Conard addresses HC locally for the 21<sup>st</sup> Century and shared his personal thoughts on ways we should move forward on handling our HC challenges. Specifically, for Manatee County is the impending crisis of no money for

indigent care. He identified the circumstances that created this crisis that started in 2000, gave the history, followed by his ideas and proposals to help solve the problem.

In 1983, the decision was made to sell our County Hospital, Manatee Memorial. The sale was in 1984 and sold to the Baptist of Arizona, a not for profit Corp. Selling price was \$45 million plus a \$20 million promissory note totaling approximately \$65 million less expenses. The sale occurred under Florida House Bill 682, Chapter 83-463 and this law specified that a Trust Fund be formed and stipulated only 75 percent of the Trust Fund earnings could be spent for Indigent Care.

A local ordinance 84-16 was passed to fulfill the State Law requirements for the Trust, and management of the Trust was assigned to Manatee County's Circuit Court Clerk, Mr. Chips Shore. His excellent investment practices expanded the worth of the Trust Fund to reach \$82.5 million by 2000. The BOCC was very prudent on the structured sale of MMH and management of the proceeds.

During 1998-2000, the then serving Manatee Board of County Commissioners (BOCC) discharged Mr. Shore from his duties to oversee the Trust Fund Investments and the BOCC was now in charge of the Trust Funds. The BOCC then began to spend down the Trust.

In 2008, the Trust Fund balance was spent down to approximately \$52 million; and the \$20 million promissory had been forgiven. Because of the effects of the investment practices, and the recession, the earnings could no longer support the cost of care for indigent Manatee citizens and the principle of the Trust was being spent on indigent care. The BOCC decided to: 1) collapse the Trust authorized by MCG Ordinance 08-26; and 2) put the funds in a bank account with expenditures controlled by the BOCC. The spending of the account down continued. In June 2013, a vote was put before the voters to approve a ½ cent sales tax increase to pay for indigent care and it was overwhelmingly defeated 61% to 39%. Two years back, Manatee County was spending \$87 million on HC and health safety and this figure will continue to rise and in 3 to 5 years is predicted to approximate \$125 million. This is an unsustainable level, and corrective action is immediately necessary.

Dr. Conard firmly believes it was a good decision to create the Trust Fund and with proper oversight the Trust would have perpetually funded our indigent medical care needs. It is Dr. Conard's personal observation that since 2000, the BOCC have not been good stewards of our funds from the sale of Manatee Hospital. The current BOCC must solve the challenge of the impending crisis of how to deal with the funding of indigent care and they have neither the luxury of ignorance nor that of not dealing with the issue.

Our current County Administrator has the excellent expertise and ability to help lead us through this financial crisis. Dr. Conard firmly believes that the "Medical Stakeholders" know what to do as they are facing medical challenges that have huge impact. The BOCC and County Administrators need to ask the HC providers for their advice and guidance in this critical crisis.

Our BOCC are faced with the mandate to make decisions that will lead to initiatives to solve our community HC situation. However, their professional background is not based in HC and they need the medical knowledge of the medical stakeholders to lead them through this dilemma. Dr. Conard's fondest hopes are that the BOCC will demonstrate their leadership by turning to our community's very capable HC providers for assistance.

Dr. Conard concluded his presentation with a very succinct proposal representing his ideas how Manatee County can create and achieve a 21<sup>st</sup> Century Healthcare System for Manatee County defined as follows:

**THE VISION** includes six aims for a 21<sup>st</sup> Century System:

**1) Safe** – avoids injury from the care administered; **2) Effective** – avoids underuse and overuse; **3) Timely** – reduces waits and delays; **4) Patient-Centered** – provides care that is respectful and responsive for individual need and ensures that the patient's values guide clinical decisions; **5) Efficient** – avoids waste; **6) Equitable** – provides quality care to all without prejudice to gender ethnicity, geographic location, or socio-economic status.

## **THE GOALS:**

1. **Decrease Burden of Disease** – 75% of all disease is preventable. There are numerous evidence-based best practices available for consideration that are outcome proven. Thus it is not necessary to reinvent ourselves.
2. **Effective HC Management of Chronic Illness** – Statistically, 75% of cost spent for HC is for chronic care. Half of our US population has a least one chronic illness. With 18% of our population over age 65, all of whom have at least one chronic illness, we must more effectively manage the chronically ill. There are many best practice models available for this to be based on.
3. **Concierge assist through the fragmented HC system** – The system is so complex that both consumers and providers get confused if not lost with the process of receiving and delivering care. There are best practices available to us to greatly impact this process.

By putting the proper incentives in place, gaining engagement, educating consumers and thereby retaining compliance, we can have a huge impact on the health of our citizens.

## **THE ACTION PLAN:**

### **A. Elements that must be Incorporated to be Successful:**

1. Manatee County Government (MCG) must determine and define their role, responsibility and financial involvement in the local delivery of HC.
2. We must proceed in an “a” political environment.
3. We must proceed under the direction of clear-thinking and reasonable, government, business, and industry leadership, and consumers of healthcare and providers/medical stakeholders.
4. All decision-makers involved must be free of conflicts of interest.
5. We must create collaborative alliances between consumers, government, education, healthcare vendors, business and industry leaders.
6. As a group, we must identify our vision and structure of our HC system.
7. We must identify the key principles of our system – communication, integration, aggregation, comprehensiveness.
8. We must identify our existing components of the system – primary and specialty care, hospitals with general, specialty and tertiary capabilities, EMS, home HC, long term care, ot/pt/speech, behavioral sciences, terminal care etc.
9. **THE LOCAL HOSPITALS MUST STEP UP.**  
For years the proprietary hospitals, especially Manatee Memorial, have been taking millions of dollars of county money in a usual and customary fee model—a volume, not value-based, mode. They must now participate in the work-thru of our present situation and initiate discussions about case-rate, and bundled services as the payment model.
10. We must identify how we can get programs that are available for large employers to also be available for individuals and small groups in the community.
11. We must carefully plan and study our options and best practices that exist.
12. Then we can initiate an action plan and execute.
13. We must then have evidence-based outcome analysis tools in place.
14. We must continuously monitor and make alterations as needed.

### **B. Healthcare Quality Assurance Board (HQAB)**

BOCC appoint, convene, charge, and authorize a group of medical stakeholders, professionals, and consumers to be advisory to the BOCC on all matters concerning healthcare when it comes to the spending any taxpayer resources.

Due to tremendous political pressures that conflicted providers have and continue to place on the BOCC, Dr. Conard believes it will be impossible to leave decision-making of the distribution of funds with the BOCC. This suggestion will have the BOCC and administration moving outside of their comfort zone; but Dr. Conard is convinced that it is necessary. As evidence proves for the past 15 years, Trust funds were depleted to meet the demands of those most conflicted and no BOCC has had the courage to deal with this issue.

The board should be advisory to the BOCC, however, if any recommendations are made and deemed unacceptable to the BOCC, they should be sent back to the HQAB to reconsider its recommendations. The BOCC will not have the ability to rescind or alter the actions of the HQAB.

**Members of HQAB shall include the following Non-Voting and Voting Members**

**Appointed Non-Voting Members:**

1) Chairman of the BOCC, 2) Manatee County Administrator, 3) Manatee County Sherriff, 4) CEO of Manatee County Rural Health System, 5) One member representing local hospitals, 6) One member representing local behavioral health organizations, and 7) Clerk of the Circuit Court.

**Appointed or Elected Voting Members:**

1) President of the Manatee County Medical Society, 2) President of the Manatee Dental Society, 3) President of the Manatee Nursing Association, 4) President of the Manatee Optometric Association, 5) One non-conflicted representative appointed by each Commissioner, 6) President of the Manatee Federation of Associations, 7) President of the Manatee County Bar, 8) President of the Manatee Chamber of Commerce, 9) President of the NAACP, 10) Three members representing consumers, 11) Two licensed and practicing primary care physicians, and 12) The Executive Director of Take Stock in Children.

This HQAB concept needs to have a great deal of study and consideration given it. It will probably have to have taxing capability of some sort—whether limited in scope or time sensitive.

**THE TIMELINE:**

Time is of the essence because for the BOCC to let this situation lag will lead to ‘crisis thinking’ and community reactiveness. If the BOCC will form the HQAB, Dr. Conard believes definite recommendations could be forth coming within a 6-month timeline.

In closing, Dr. Conard emphasized all citizens of our county, whether providers or consumers of HC, have the moral and ethical responsibility to work cooperatively to protect our most frail – whether newborn or elderly, whether rich or poor. And we need to come together as a community and solve our HC situation and define what we want HC to be for all Manatee County citizens for the 21<sup>st</sup> century, and that’s the win-win we all deserve – and it is within our reach.

*“Never doubt that a small group of committed people can change the world. Indeed, it is the only thing that ever has.”*

*Margaret Mead, cultural anthropologist*

**OUR MAY 19<sup>TH</sup> MEETING WILL BE A TRIP BACK IN HISTORY**

We are pleased to announce that we have scheduled our May meeting to take place at the Manatee Village Historical Park, Bradenton, Florida, at 1:00 in the afternoon. A docent-led group tour will include 15 historic locations within the park. After the tour, our business meeting will be in one of the buildings on-site.

Please sign-up at our next meeting so we can get a total number of persons wishing to take the tour. They can accommodate people with special needs such as wheel chairs or walkers. Any questions, contact Carole Atkins at 753-9763.

So plan to attend this walking tour and learn more about Manatee County and what makes us so special.

**WE NEED YOUR NEIGHBORHOOD PHOTOS**

The FMCCA website would like to post photos of your community which show the beauty and make-up of your surroundings, just buildings and nature, no people. If you have taken a photo that you would like to submit, please email it to [fmccasupport@aol.com](mailto:fmccasupport@aol.com) along with your name and phone number. Three photos will be chosen on May 1<sup>st</sup>, 2015, and the 1<sup>st</sup> place winner will receive a surprise award and recognition in a monthly publication. (CLA)

**DATES TO REMEMBER**

Mark your calendar now and plan to attend the March General Meeting.

On March 16<sup>th</sup>, our guest will be one of our new County Commissioners. Please note that this will be on Monday since Tuesday, March 17, is St. Patrick’s Day and we plan on celebrating the green with everyone else.

Here is the list of our 2015 scheduled meetings. Please mark your calendars accordingly.

March 16 (Mon.)	May 19 – Trip	September 15	November 17
April 21		October 20	



IS THERE A COUNTY DEPARTMENT OR AGENCY YOU WOULD LIKE TO KNOW MORE ABOUT? DO YOU HAVE A SPECIAL SPEAKER IN MIND? LET US KNOW.

**NOTICE** – PLEASE RENEW YOUR MEMBERSHIP. We cannot continue doing what we do for you unless we have your financial support. Your dues payment will enable us to continue printing, copying and sending our monthly newsletter. If you have any changes to your address, telephone number or email, please notify a board member. If you wish to be removed from our mailing or email list, please notify Carole Atkins.

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**Federation of Manatee County Community Associations, Inc. – 2015 APPLICATION FOR MEMBERSHIP**  
(Please Print)

Date: \_\_\_\_\_ Type of Application: (Check One)     Individual     Homeowners Association     Neighborhood Organization

Name of Association or Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Households in your organization: \_\_\_\_\_

Federation Annual Dues are \$.50 (fifty cents) for each household. (Number of Households X \$.50 = Annual Dues.) Not to exceed \$100.00. Cost for independent or single membership is \$10.00. Please make your check payable to FMCCA and mail with this form to Victor I. Coveduck, Treasurer, 5203 Palmetto Point Drive, Palmetto, FL 34221.