

# CHANGE



PROCESS.



## HEALTHCARE IS CHANGING HOW IT AFFECTS YOU

**GREATER ESTERO COMMUNITY REPORT  
QUARTER 2 - 2023**

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# HEALTHCARE CHANGES: HOW YOU WILL BE AFFECTED

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## Introduction

Engage Estero recently held the second in a series of Public Forum style meetings. This time the topic was "How Changes in Healthcare will Impact You!" The meeting was held at Estero High School on Thursday, March 30, 2023. A distinguished panel of local experts answered several important questions on the impact of doctor and nurse shortages and how the mergers of many private primary care practices with hospital and insurance organizations could impact the quality of healthcare you will receive.

There were many other important topics covered and the panel also addressed many questions raised by those who attended.

The panel consisted of:

- Kris Fay: Lee Health, Chief Officer of Community-Based Care
- Jon Witenko: Lee Health, System Director of Virtual Health and Telemedicine
- Gina Teegarden: Chief Nursing Executive for the NCH Healthcare System
- Dr. Joseph Repay: Primary Care physician

It became clear that everyone will need to take greater care of their own health by following recommended preventive measures (diet, exercise, not smoking, reducing alcoholic consumption etc.). Why?

Because there will be fewer medical staff to help in our location which is likely to also see a doubling of the population in the next 8 to 10 years. This reduction in available healthcare professionals is likely despite the efforts of our local health organizations are making to do all they can to minimize the impact in our area.

The recently published 2023 Survey of Registered Nurses by AMN Healthcare shows that a crisis in nursing is already occurring<sup>1</sup>. The survey illustrated younger nurses were more negative than older nurses regarding their level of satisfaction and mental health and well-being regarding their work which was concerning.

Given the likely reduction in available physicians we will all need to accept the increasing roles of Practice Nurses, and Physician Assistants as key members of the primary care team and nurture their assistance. Telemedicine, remote patient monitoring (that will us to learn new computers or electronic skills) will also become an essential means of obtaining quick and efficient assessment of our medical needs.

**Please review the important summary provided in this second Greater Estero Community Report of 2023 to stay informed and become more aware of how these forecast changes will affect you and what you can do to help yourselves.**

# Part One: Can we avoid a train wreck?

## Introduction.

There is increasing concern being expressed by the public, doctors, nurses and administrators about the ability to cope effectively with the aging population in the USA. This will be exacerbated by the reduction in available doctors and nurses predicted to occur over the next few years. The influx of 1,000 more people per day moving to Florida, many to Lee County, makes the impact of these events of far greater concern here in greater Estero.

Engage Estero recently held a Healthcare Public Forum meeting with an expert panel to talk about some of these important aspects and this will be covered in Part 2 and 3 of this special report.

But first, let us look at some alarming facts about the healthcare system in the USA.

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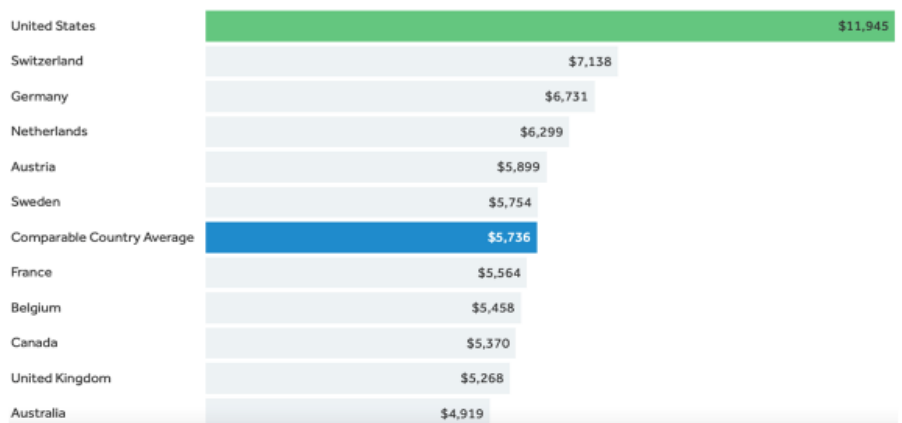
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## We Spend More Than Twice as Much Per Capita as Any Other OECD Country



Source: Kaiser Family Foundation analysis of OECD data

## THE FACTS

The USA spends more than **twice as much per capita** than any other OECD country on healthcare (Source: Kaiser Family Foundation analysis of OECD data)

Healthcare expenditures will reach approximately **\$6.2 trillion** in 2028, a 50% increase from 2020. (Source: Centers for Medicare and Medicaid Services (CMS))

Compared to other Wealthy Countries, **U.S. Ranks 22nd in Quality of Healthcare**; Compared to All Countries, the WHO Ranks the USA 37<sup>th</sup>. (Source: Commonwealth Fund)

The **USA spends more on administrative costs** and less on preventive care than other wealthy countries. The USA administrative costs are three times that of Germany. The per capita spend on preventive care is nearly half that of the Netherlands. (Source OECD Statistics July 2022)

The United States spends **\$765 billion annually** (about one-third of our overall health-care dollars) **on things that do not make Americans any healthier.** (Health Economist Harvard)

A recent Johns Hopkins study claims more than **250,000 people in the U.S. die every year from medical errors.** Other reports claim the number to be as high as 440,000. (Source: John Hopkins Study)

**Life expectancy in the United States declined** by nearly a year from 2020 to 2021, according to new provisional data, that decline – 77.0 to 76.1 years – took U.S. life expectancy to its lowest level since 1996. (Source: CDC's National Center for Health Statistics (NCHS))

Health problems account for **66.5% of all personal bankruptcies** in the U.S. (Source: US Medical Debt Statistics)

**32% of Americans with medical debt** say it's unlikely they will ever be able to pay their medical debts. (Source: USA Medical Debt Statistics)

**U.S. prescription brand drugs are the most expensive in world.** On average, branded prescriptions before rebates cost 4.3 times more in the U.S. than in the U.K., 3.8 times higher than in Japan and 3.4 times higher than in Canada. (Source European Pharmaceutical Review)

94% of Americans agree that **prescription drugs are costlier** than they should be, and 84% believe prescription drugs will increase in price over the next year. (Source: Retire Guide- Medical Bankruptcy Statistics)



I think you might agree these facts make extremely grim reading. But they are not new. No matter whether Republicans or Democrats are in power, very little changes. Why is this the case? As many politicians in each political party receive considerable financial support from the pharmaceutical industry, medical insurance companies and others with a vested interest in the status-quo, no-one is prepared to “rock the boat” and the public suffers.

If a company was being run in a similar way the board would be replaced!

## THE SITUATION IN GREATER ESTERO

In greater Estero we are faced, like other parts of the country, with a lack of psychiatrists and psychologists. This is resulting in a lack of care and effective treatment for students, teachers and healthcare workers in particular.

Roughly 46,000 children in SWFL suffer from a diagnosable Behavioral Health condition, primarily depression and anxiety, with 63% receiving no treatment<sup>1</sup>. There has been a severe shortage of behavioral health practitioners in our region. As if that were not enough, children suffering from behavioral health conditions must wait several years to receive appropriate treatment as reported by Paul G. Simeone, Ph.D., M.A. V.P., Medical Director of Behavioral Health – Lee Health Clinical Assistant Professor of Medicine, F.S.U. College of Medicine. The problem is similar for students going on to higher education, teachers and healthcare providers who suffer from anxiety and depression.<sup>2. 3..</sup>

By 2034 demand for physicians in the USA will exceed supply by a range of between 37,800 and 124,000 full- time-equivalent physicians (reported by the American Medical Association). In addition, the US needs to increase the number of registered nurses by nearly 50,000 each year to meet demand. It therefore seems that a train wreck is inevitable unless something changes significantly and fast.



Locally, **the Florida Hospital Association predicts a shortfall of 17,924 physicians in the Sunshine State by the year 2035:** 5,974 in primary care and 12,000 specialists. While the Florida Hospital Association also predicts Florida will face **a shortage of 59,100 nurses by 2035.**

## VERY LITTLE ACTION LIKELY

It seems hard to think that there will be any significant change in the way healthcare is administered in the USA. Even a simple agreement to allow Medicare to choose the lowest prices available has been very difficult to achieve.

Mark Cuban was clear recently about his intentions in starting a direct-to-consumer, low-cost online pharmacy. “The goal is to [expletive] up the pharmacy industry!” he says.

The Dallas News, praised the effort of local tycoon Mark Cuban to make drugs affordable with his Cost-Plus company that sells generics for cost+15%. According to a study published in the Annals of Internal Medicine, Cuban’s Cost-Plus Drug Co. could have saved Medicare up to \$3.6 billion. Sadly, no such action has been taken either due to government largesse or because of the control the pharma industry has on governmental decision.

If a positive initiative like the one above does not receive the “green light” to save the country \$3.6B, it is hard to see what can be done to effect change at the federal level.

In a detailed report produced by the Commonwealth Fund Organization in August 2021 titled “Controlling Healthcare Costs<sup>4</sup>” the investigators came to the following conclusion:

“Given barriers to significant federal action, substantial policy changes to control spending growth are likely to be limited to state policy. States can pursue many different strategies, ranging from efforts to promote competition, reduce prices, or decrease utilization of low-value care to broader strategies that address overall spending.”

While it might appear that little can be done to change things for the better as far as our future health outlook is concerned, there are many positive recommendations that emerged from the Healthcare Public Forum held at the Estero High School on March 30, 2023.



## Part Two: The likely impact on greater Estero residents

### INTRODUCTION

On March 30th Engage Estero held the second of a series of Public Forum meetings for residents to better understand a variety of important changes that will have an impact on our way of life in greater Estero. The first, held in January at the FGCU Water School, addressed important issues affecting our Environment and Water Quality. The recording and the report of that meeting can be found on the Engage Estero website at <https://www.esterotoday.com/waterforum/>.

The Healthcare Public Forum, held at the Estero High-School examined the likely effects of several key changes that are already occurring, as well as other changes likely to impact us in the next few years and explored what guidance the panel of experts could provide to help mitigate these changes. The recording of the meeting can also be found at <https://www.esterotoday.com/healthforum/>.

The expert panel provided detailed responses to the questions posed by the moderators (Allan Bowditch and Carol Stephens) and the audience, resulting in the many positive remarks about the value of the meeting.



“Very well organized and excellent panel to inform.”

“Speakers were great, wish more of the community could have attended – well done!”

“Great commentator, good information and panel – thank you.”

## THE PANEL MEMBERS CONSISTED OF THE FOLLOWING:

### **Kris Fay: Lee Health, Chief Officer of Community-Based Care**

Kris oversees the Lee Health Center for Care Transformation, which focuses on advancing value-based care initiatives, including care redesign and contract performance. She also oversees the employed medical group of more than 900 physicians and advanced providers, as well as the outpatient services and locations for the health system.



### **Jon Witenko: Lee Health, System Director of Virtual Health and Telemedicine**

Has helped to implement Caregility's iConsult mobile application into a scalable system that could traverse all patient needs in the home and the hospital, be rapidly deployed, and be infinitely scalable for the future.



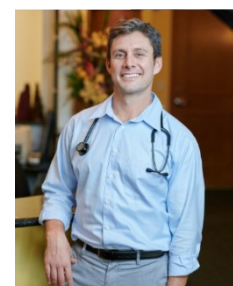
### **Gina Teegarden: Chief Nursing Executive for the NCH Healthcare System**

Has a 32-year background in nursing and 26 years in nursing leadership. She joined the NCH Healthcare System in 1993. During her tenure at NCH, she has transformed the nursing culture into one of safety and well-being by implementing evidence-based strategies to enhance favorable patient and employee outcomes.



### **Dr. Joseph Repay: Primary Care physician**

Dr. Repay M.D: did his residency at the Medical Center of Central Georgia/Mercer University. He works as a Primary Care physician with WellSpan Medical Services, Physicians Regional Healthcare Services. He is board certified by the American Board of Internal Medicine. He is a Board-Certified Internal Medicine Physician and licensed Physical Therapist with several years of experience in Hospital Medicine, Primary Care, and Outpatient Orthopedic rehabilitation.





## **THE REDUCTION IN AVAILABLE DOCTORS AND NURSES IN OUR AREA.**

A critical concern that was explored at the start of the meeting was the proposed shortage of both doctors and nurses that was likely to impact our area in the next few years (see mentioned in Part 1 of these articles on healthcare). Kris Fay addressed this first question explaining that because of the likely drop in the number of doctors and nurses available, even with the best efforts to recruit them, the traditional patient one-on-one discussion with a physician would become much reduced. In its place will be an increasing reliance on Physicians Assistants (PA's) and Practice Nurses. A recent article published by Engage Estero explains the training, qualifications and practical experience each of these members of the team have to undergo before being eligible to undertake their work. Kris explained that It was important to ensure that there was a good inter-disciplinary team in place with the physician. See this article on the website [www.esterotoday.com](http://www.esterotoday.com).

Kris went on to point out that even though there is currently some use made of “virtual procedures for assessment and diagnosis” using telemedicine and online communications will likely increase. This will help ensure that patients who need an urgent consultation and evaluation can be provided with access far more quickly than a face-to-face consultation. Gina Teegarden made the point that in 2021 there were 3M open nursing positions on offer in the USA! Since then, that number has been growing. She explained that just like the office setting, those working with in-patients in hospital, there is a need for team structures, as Kris Fay had indicated. Patients are invited to bring loved ones to the hospital consultation to ensure that as much detail about their condition can be conveyed to assist in a speedy and accurate diagnosis. The solution is usually a team based one in the hospital just as it is in the practice setting. This might even involve non-medical staff in different support roles. As Gina stated, “it’s about everyone working together.”

It is clear from what was said that the shortage of both doctors and nurses “is real” as Gina put it. She said that “It is not going to go away and it is also the case that there are not enough instructors in our nursing schools, so the shortage is far reaching”

Dr Repay stated that he encourages patients to eat healthy, exercise regularly which, given the reality of the shortages discussed, is even more important. It will be vital to be able to stay out of the “system” when there is a shortage of medical staff. He said, “you can help to reduce heart attack, stroke, diabetes and cancers by 40-50% by just having a healthy lifestyle which takes a little strategy, attention and planning, but not



a lot of extra money! It is certainly a lot cheaper than the cost of medical care that could be reduced or avoided”

Dr Repay also pointed out that one of the challenges facing healthcare providers is the lack of continuity. This clearly has an impact on patients and the quality of their care. It is essential to try to ensure that the same members of the team are following a patient’s progress. This becomes extremely difficult when the physician and/or nurse roles in an organization are constantly changing.

Although people are trying to reduce the shortage of doctors and nurses there does not appear to be any immediate solution at this time.

From a patient perspective the following points need to be appreciated.

- Professionally qualified PA’s and Nurse Practitioners that work closely with the physician will be a more commonly used part of the future consultation process.
- Virtual means of consultations will need to be adopted more frequently in the future.
- Becoming familiar with the technology being used by the medical practice will facilitate your consultation and transmission of medical data.
- Being proactive and engaged in preventive procedures and a healthy life-style will reduce your need for physician consultations and expensive medical drug treatments.

We expect so see an increase in the population along East Corkscrew of around 25,000 people over the next 8 -10 years, together with an increase within the Village of Estero’s current boundary of several thousand. A member of the audience pointed out later in the evening, “the future looks serious given that no obvious solutions are being implemented to address this!”

Lee Health are finalizing the Health Center in the University shops opposite Grandezza. Although this will not completely fill the void it represents a step forward. Healthcare organizations are working to overcome this potential problem.

## HERE ARE SOME IMPORTANT FACTS<sup>1</sup>

**64%**

of the 8,962 individuals who completed residency training in Florida over the last decade are still practicing medicine in the Sunshine State.

**30.4%**

3,255 of 10,695 physicians who completed a residency program in Florida over the past decade are practicing in medically underserved areas of the state.

**0.035%**

Florida has 34.9 medical residents per 100,000 people.

New York has nearly three times that amount (98 per 100,000).

**30% ↑**

Florida had 7,608 residency and fellowship slots in 2020-21 — a 30% increase over the previous five years.

Lee Health — which operates four acute care hospitals and two specialty hospitals in Lee County — has achieved promising results with a family medicine residency program it launched in 2014. As of 2022, more than two-thirds of the physicians who graduated from the program (27 of 40) remained in Florida and 24 (60%) are practicing in Lee County.

Lee Health is launching an internal medicine residency program at its Cape Coral Hospital. Dr. Maja Delibasic, program director for the new residency program and an associate professor of clinical sciences at Florida State University College of Internal Medicine, says she was “very pleasantly surprised” with the response to the program. “We received more than 1,000 applications in 24 hours,” she says, and 250 candidates from the pool earned interviews for 12 slots.





## THE IMPACT OF PRIMARY CARE PRACTICES BEING ACQUIRED BY HOSPITAL GROUPS AND INSURANCE ORGANIZATIONS.

Many large Hospital Groups, Insurance Co's and large Pharmacy Groups have acquired primary care practices with the aim of providing patients with a wider range of options if they require a specialist, speedier access and a more cost-efficient service. But is this borne out in practice?

**Currently 50% of physicians work for hospitals or corporate entities.** Private equity firms have invested almost \$1 trillion in recent years to acquire primary health care businesses<sup>2</sup>. As private equity extends its reach into health care, evidence is mounting that this penetration has led to higher prices and diminished quality of care and more malpractice lawsuits, a KHN investigation has found<sup>3</sup>.

The views of our panel on this issue were enlightening.

Because of the high costs associated with a doctor's education and training, after becoming a certified doctor there is a tendency to want to feel more financially secure by joining a large organization and not moving into private practice. Dr Repay pointed out that while he started off that way, he did decide to move into the private sector. This was despite the fact that reimbursement has gone down while conversely implementing the HIPPA regulations has become more expensive. However, he felt that working in an independent private practice does offer patients the continuity of service which was very important. While the large organizations, like the Mayo Clinic and others also aim to offer continuity and a seamless process when requiring specialist care, the data hasn't necessarily borne that out. He said it is inevitable that there is a greater rotation of physicians and nurses in large groups. This constant change, he feels, tends to "de-personalize private care." While admitting that he may be biased as an independent physician, Dr Repay feels that it does provide the patient with greater choice and improved quality of care because of the continuity of the team which helps their healthcare dollars go further.

There is a perception that in large healthcare organizations

- The average time one gets with the physician is 7 minutes
- The average time it takes to get to see a physician is 2 months
- The structure is more of a production-line approach
- There is a higher risk of physician burn-out
- In a consolidated organization patient choice becomes limited



- Cost is driven up.

Despite the negative comments relating to large organizations that are involved in offering primary care, they should not all be “tarred with same brush!” In explaining the benefits of having primary care within a larger organization Kris Fay pointed out:

- The opportunity to attract primary care doctors to a larger organization is enhanced because of the range of services available.
- Large organizations can provide incentives that cannot be provided by independent practices leading to a very good breadth and depth of physicians.
- It encourages those in the team to share their expertise and experiences thereby enhancing the medical knowledge within the organization.
- It strengthens the relationship between patients and their primary care providers and other team members.
- Patients always feel well-informed with a team on their side because they have different professionals they can turn to for guidance.
- A patient’s decision to go to a specialist outside the immediate group is possible so that choice is not curtailed.
- Regulatory and administrative issues can be handled by team members trained in those areas leaving the physicians and nurses more time to see patients.
- The IT and Artificial Intelligence technologies are more accessible and implementable than in private practice which assists in enabling electronic medical records to be more easily transferred to those who need them.
- External Patient Monitoring can also be more easily set up and controlled.

In essence, opting for an independent primary care physician or for a primary care physician who is part of a larger hospital or insurance organization is not straightforward and comes down to personal choice based on the issues mentioned above.

## THE FUTURE OF TELEMEDICINE.

The use of telemedicine, or remote clinical consultations, was limited prior to the COVID-19 pandemic for many reasons including regulatory barriers and hesitancy from patients and providers. In early 2020, as COVID-19 massively disrupted in-person care, the US and other countries moved quickly to promote its use<sup>4</sup>. The number of teleconsultations skyrocketed, playing a vital role in maintaining access to care.

Fast forward to today and the next few years. Because of the likely reduction in the number of physicians and nurses that will be available for personal consultation in the next few years, telemedicine will play a vital role in ensuring that those who require urgent medical attention will get it – even if not in the conventional ways of the past!

Jon Witenko, head of Lee Health’s virtual health and telemedicine operations pointed out the importance of having the opportunity to contact a physician urgently about his young child during the pandemic. After a bad fall the emergency unit at a local hospital decided that she would have to be flown to Miami to consult a specialist pediatrician. Jon went on to explain that, as the telemedicine system was being set up, she was evaluated remotely, sharing scans and CT imaging with a key specialist, avoiding an expensive trip to Miami. Speed of access and the opportunity to be passed quickly to a certain type of physician if needed, are extremely valuable advantages offered by the system. Far from being reduced now that we are over (hopefully) the worst of the COVID pandemic, telemedicine will play a vital role in patient care in the future.

Jon said he discussed with colleagues in what circumstances telemedicine consults could be most effective. One key condition is stroke- a condition where speed and decision making is vital and neurologists are in short supply. Jon was very positive about the future of telemedicine not just because it is helping to leverage new and modern technology but because it can provide a significant degree of comfort for both the patient and the family to know that action can be taken quickly.

The challenges in setting up telemedicine was the need to satisfactorily address:

- Safety
- Effectiveness
- Remote communication
- Confidentiality



These issues have now largely been overcome. The public needs to become better informed on the significant benefits that telemedicine offers. It does now offer a level of coordinated care that would be impossible to achieve any other way. The options of being able to do biometrics and remote monitoring can also be incorporated into telemedicine. Jon Witenko certainly laid out a compelling and exciting case for the future of telemedicine.

**[Telemedicine] can provide a significant degree of comfort for both the patient and the family to know that action can be taken quickly.**

Gina Teegarden endorsed the many points that Jon made. She pointed out that due to the lack of psychiatrists in the locality (an issue referred to in Part 1) she has used tele-psychiatry to very good effect to overcome the void in consultation and treatment options that exist in Southwest Florida. Dr Repay also felt that telemedicine has an important part to play in the future of medicine both locally and around the world. While he concurred with all that had been raised, there were still some concerns expressed regarding its use in primary care. In this area, more than any other, the full history of the patient can often assist diagnosis and treatment plans. He agreed that, “finding a way to get primary care to become a more continuous process (using telemedicine) is a challenge for the future.” A key problem is that in the US there is such an unnecessary use of antibiotics. There is roughly 30% over-prescribing leading to resistance problems which is a serious concern. This could be exacerbated via telemedicine consults where there is less known about the patient and their commitment to using antibiotics correctly.

Despite some reservations, telemedicine can indeed be a very useful additional means of securing effective and timely evaluation and treatment and is one that the public should embrace.



## REMOTE PATIENT MONITORING: ITS FUTURE ROLE.

As Jon Witenko mentioned at the start of the discussion about remote patient monitoring, “hospitals are great but no-one really wants to go there if they can avoid it!”

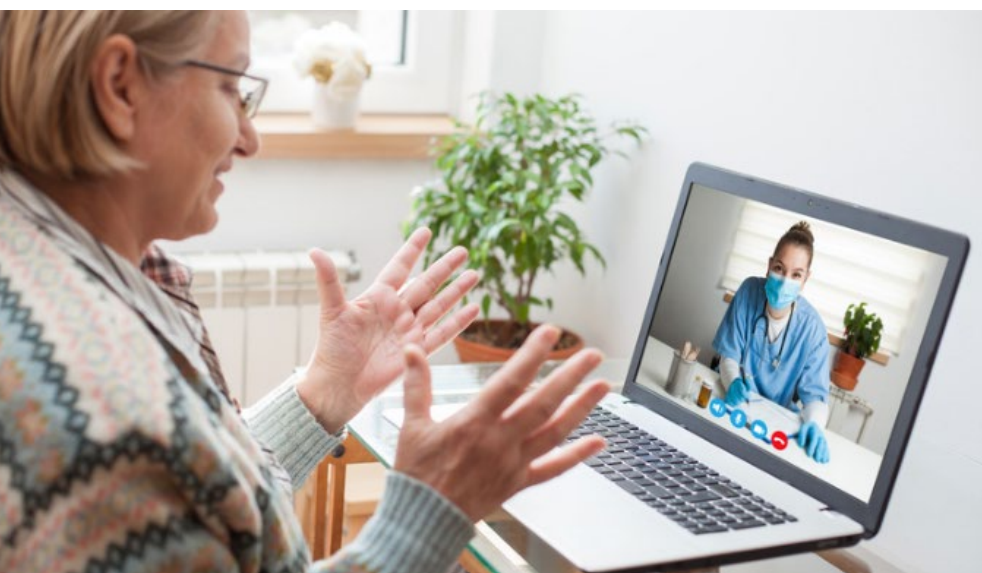
Remote monitoring is evolving to include not only the digital transmission of medical imaging, blood pressure, glucose monitoring, sleep pattern monitoring, urine monitoring/recording, but can also involve many other systems too, such as cough-detectors to identify croup or COVID etc. Jon explained, “there are different sensors out there. You can put on a patch, or we can watch what you are doing, this while you are doing your normal activities at home.” In essence, it offers the ability to monitor certain aspects of a patient's health from their own home and has become an increasingly popular telehealth option. Remote patient monitoring helps physicians manage acute and chronic conditions and cuts down on patients' travel costs and infection risk.

In many ways the remote patient monitoring system can be used as though the patient were at the hospital. If a monitoring system indicates something has changed from the normal it will indicate that there is a need to intervene. The team will then connect remotely before the issue becomes a serious problem. A decision can be made to change medications or the plan of care and, if necessary, get the patient back for a face to face consultation.

Jon mentioned the announcement of “Hospital-at-Home.5” The system enables some patients who need acute-level care to receive care in their homes, rather than in a hospital. This care delivery model has been shown to reduce costs, improve outcomes and enhance the patient experience. In November 2020, the Centers for Medicare & Medicaid Services launched the Acute Hospital Care at Home program to provide hospitals expanded flexibility to care for patients in their homes. He is of the view that this procedure will become the norm for this type of care where the patient can be monitored outside of the hospital environment.

Jon also pointed out that “such care with patient monitoring at home is safe, and can be provided for a fraction of the cost and is convenient. That is where the future of medicine is going - keeping the patients where they would like to be - at home.”

Gina Teergarden confirmed that, from a nurse’s perspective, this type of monitoring, “helps monitor the patient and extends the scope of the caregiver.” Gina explained that remote patient monitoring (RMP) was being used to monitor heart rate, and heart rhythm in patients where the monitors could be and are often off campus but monitored by a trained individual. Physicians can also monitor the iWatch or other wearables to monitor how much a patient is walking at home. She emphasized the value of RMP for the elderly because they are more vulnerable and susceptible to infections that can arise in the hospital. It also reduces the risk of a patient falling on uneven floors that also exist in the hospital. Clearly, being in the at-home setting enhances the safety for such people. It is also possible to set up video monitoring with the ability to speak directly with the person if necessary.



Although it was suggested that it might be a problem for the elderly to embrace this type of monitoring, Gina said that her mother who is in her 80’s, had embraced the technology and its value very easily. Perhaps some account should be taken of the difficulties with some of the technology, but given the advantages associated with being at home rather than at the hospital, patients and their caregivers are more inclined to want to learn and understand what is required when the need arises.

Dr Repay also felt that older patients were well able to embrace these technologies and the value they offer. Monitoring of simple things like their oxygen level via a sensor on the finger or reading their blood pressure levels from a chart to a caregiver can provide valuable information that can dictate the urgency of the situation and can help reduce the stress level for someone if it is clear an urgent intervention is not needed at that time.

It is evident that remote patient monitoring should be and is being embraced more and more. It offers many advantages to the patient, increased safety, improved care and outcomes, peace of mind, and reduced cost.

## INNOVATIVE SERVICES LIKE HOME VISITATION E.G. DISPATCHHEALTH.

On-demand, in-home healthcare services by healthcare professionals such as those provided by DispatchHealth<sup>6</sup> exist to provide advanced medical care at a person's home. The service will send a medical team, involving a board-certified ER-trained urgent care team (PA, Nurse Practitioner and Medical Technician) to a person's home to assess and determine the most suitable steps needed to address the medical situation at hand.

The team is able to treat a variety of symptoms, administer IV fluids, prescribe medications, take blood tests and suture wounds and will liaise with the individual's own physician. The service offers on-demand acute care and an advanced level of medical care for people of all ages in the comfort of their own homes. DispatchHealth's emergency medicine and internal medicine teams are equipped with all the tools necessary to treat common to complex injuries and illnesses. The approach adds another option for patients who are unable to conveniently call or visit their healthcare provider. The objective is to provide convenience, better patient outcomes and lower costs to patients and their insurance providers.

Kris Fay mentioned that Lee Health works closely with DispatchHealth who offer a means to avoid personal visits to the ER if they are incapacitated or have a practical difficulty in being able to reach the ER. Obviously if the team find an emergency situation, they will call 911. Otherwise, they can triage the patient and liaise with an appropriate physician/ consultant as necessary to address the situation. Jon Witenko pointed out that if the service could utilize the "teleport" system, it could become more scalable. A drawback at present is the physical area of Southwest Florida that needs to be covered by the available medical team that have been employed.

Dr Repay also made several valuable points about this type of home visitation service.

1. A study conducted by the Johns Hopkins Organization found that this type of medical service provided: -
  - a. A high level of patient satisfaction
  - b. A decrease in complications
  - c. A decrease in length of stay – as the patient was for the most part at home.
2. If Medicare will recognize the service that will help it to become more scalable.

He went on to say," although not super-efficient right now, it is capable of improving the quality of care for people where they live which helps to off-load the strain on the ER service. It would be a game-changer for Southwest Florida.

This is another medical service that will help to improve health outcomes for an important subgroup that includes the elderly as well as those that are unable to drive or access the ER or service provider for both the acute or chronic situations.

## Part Three: Healthcare Public Forum: The Q & A.

Members of the audience asked several questions of the panel with several involving the issue of doctor/ nurse and facility shortages. New technology usage in the medical field was also the subject of several questions.

Dr Dennis Rajtora, a retired Allergist who was in the audience, felt that more students who study at medical schools in Florida needed to be encouraged to stay in Florida. Kris Fay, Lee Health, Chief Officer of Community-Based Care, felt there needed to be more Residency staff positions available in the state. She believed the state lacks the capacity to take more Residency staff. Dr. Repay also indicated the cost of living in Southwest Florida was a real problem for new Residency staff and for new doctors as well. He said it was hard to convince people to move here but agreed there was a really big gap in medical positions that need to be filled.

It was also recognized that many of those who qualify in Florida may be tempted to return to their home state for family reasons. Others are also encouraged to join large out of state organizations where most, if not all, of their educational expenditure is reimbursed if they commit to stay with the company for an agreed time. It is an important issue where more work needs to be undertaken to try to reduce the drain of potential physicians from Florida to other states.

In an article<sup>1</sup> written by Amy Keller in April 2022, she states “Florida has made notable efforts to break the logjam, with state lawmakers increasing spending for residency slots by using Medicaid dollars, amounting to \$197.3 million annually. Last year, the state’s \$97.3 million Medicaid Residency Program funded 6,431 residencies — an average of \$15,130 per resident — and Florida’s Graduate Medical Education Startup Bonus Program funded 228 new residency positions at 15 hospitals at \$100,000 apiece. The remaining \$77.2 million from the \$100 million of the Startup Bonus Program went toward 2,991 existing residency slots in high-need specialties.

**“YOU REALLY HAVE TO THINK ABOUT EXPANDING THE OFFERINGS NOW, SO THAT SIX OR SEVEN YEARS FROM NOW, THEY’RE GOING TO HAVE A RESIDENCY SPOT WHEN THEY GRADUATE FROM MEDICAL SCHOOL.”**

All told, hospitals have roughly doubled the number of residency slots in the state over the last six to seven years — but they’ll need to pick up the pace to keep up with the flood of physician retirements.

When you think about the number of years that a residency takes, and you think both about medical school and the people you would like to be a board-certified specialist in 2035 — those people are right now freshmen in college,” says Justin Senior, CEO of the Safety Net Hospital Alliance of Florida, which is advocating for a \$38-million bump in Medicaid residency funding in the state. “You really have to think about expanding the offerings now, so that six or



seven years from now, they're going to have a residency spot when they graduate from medical school."

On the subject of encouraging medical careers, Gina Teegarden, Chief Nursing Executive for NCH Healthcare System, said they are starting to work with high school and middle school age students to get them to think about a future in medicine or the sciences. It's important to start at a young age developing those interests. Dr. Repay, a Primary Care Physician, believes we need to work on finding better ways to make attractive career possibilities in the medical profession. "There is a new chapter in our profession that needs to be written on how we do that" he said.

A member of the audience raised a question about the process of referring a patient from primary care to a specialist. The person said, "If you are not happy with the specialist, can you change to a different specialist?" Kris Fay indicated you are certainly able to raise your concerns and can change to a physician you might feel you are more able to trust and have a better rapport with. The healthcare system allows for that to happen. The problem is often one of availability. She went on to say, "you may be able to switch, but you may have to wait a considerable time before you can find another available doctor."



A question was raised regarding the availability of suitable facilities when switching patients from urgent or acute care to triage or rehabilitation. Dr. Repay indicated that this was a very complex question. He said, "Collier County is doing a fair job of that right now, but hospital organizations are working to improve the effective transfer of such patients." He went on to point out that, "it was not an easy process and no single hospital can provide all the services. Outside vendors need to be used. As the population grows, it's important that we work on finding solutions to get people to the appropriate place for the care they need. The sooner we can get them to a home condition, the better for the patient." Kris Fay also felt that while there are options available, there was a need to seek and use creative ways to find solutions to this problem.



Another question focused on the use of My Chart, and the amount of time patients get with providers. Kris Fay indicated that it was hard to find and keep primary care physicians, "it is a real challenge," she said. We do need to automate our processes and better utilize primary care providers. "We are working to improve the process, but more work needs to be done." While My Chart has become a very valuable means of communicating with



physicians and their support staff, it does add considerably to a physicians' time. After a full day's work, doctors often work late into the evening catching up with the electronic emails from patients which encroaches on their family time. So, while it has become an important benefit for patients, it adds considerably to the amount of work of a physician has to cope with.

Jon Witenko, Lee Health, System Director of Virtual Health and Telemedicine, is also working to make providers more efficient, trying to avoid physician burnout. He recognized that physicians are spending more time updating and documenting patient information. He said, "they find themselves being keyboard technicians. Most patients get on average 7 to 10 minutes with the primary care provider. We need to streamline and optimize what physicians have to address so we can increase a patient's time with the doctor?" The panel were agreed that all too often a doctor becomes a keyboard technician to the sick, and this was also true for nurses. It was mentioned that nurses can spend around 30% of their time working with patients and 70% dealing with documentation.

Lee Health is currently working on improving the gathering and storage of administrative information. Artificial Intelligence (AI) technologies offer a variety of improvements in many fields including healthcare and these are continually being examined with the goal of improving efficiency. It is hoped that there will be better technologies developed in the near future to manage insurance company communications and documentation which currently takes so many hours of work to address.

A question was raised that related to a concern that new technology created tension and difficulties especially when used by older patients who are not familiar with laptops and other electronic devices. Jon Witenko noted Lee Health has made some big strides with helping patients cope with new technology. When discussing this question earlier, several panel members felt that older patients could be helped to communicate their home-monitoring devices with the provider. Nevertheless, Jon felt that "we have a lot more to do" and believed the next generation of detection devices will offer improvements and make it easier for the elderly to cope with them. He admitted that some patients can become stressed and require handholding on how to use some of the new technology that is being implemented.

A member of the audience felt that major infrastructure improvements were needed in our area with regard to healthcare, schools, water, roads etc. "We need to let politicians and government leaders know this is important" she said. She also recognized that having received text messages at midnight from physicians that doctors are overworked. Dr. Repay summed it up stating, "the medical health system is overworked, but we need to continue providing quality care and build trust with patients."

# References and Credits

*Prepared by Allan Bowditch, ECCL's Chief Communications Officer*

## **Introduction**

1. [The 2023 Survey of Registered Nurses, "The Pandemic Consequences"](#) by AMN Healthcare.

## **Part One**

1. [Mental distress in Children during COVID 19- Signs, symptoms, and what we can do to help our kids and ourselves](#). Great Estero Community Report.
2. [Important Guidance for Students Entering Higher Education](#).
3. [Helping our Teachers Cope with Increased Demands and Stress Levels](#)
4. [Controlling Healthcare Costs: What Tools can States leverage](#), The Commonwealth Fund August 18<sup>th</sup> 2021.

## **Part Two**

1. [Filling the doctor gap will require a range of responses](#). Amy Keller 4/7/2022 Florida Trend 65.
2. [Sick profits](#): Private equity's stealthy takeover of health care in multiple cities, specialties. USA Today.
3. [Patients for Profit](#): How Private Equity Hijacked Health Care. Sick Profit: Investigating Private Equity's Stealthy Takeover of Health Care Across Cities and Specialties. KFF Health News. Fred Schulte, November 14, 2022.
4. [The future of telemedicine after COVID-19](#). OECD, 20 January 2023.
5. [Hospital-at-Home](#). The American Hospital Service.
6. [DispatchHealth details](#).

## **Part Three**

1. [Filling the doctor gap will require a range of responses](#), Amy Keller April 2022 Florida Trends 65, Health Care.

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