

# MIAMI TODAY

## 35 Years

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MELREESE MEGA-DEVELOPMENT LEASE DEAL'S STATUS AND TIMING OF CITY VOTE IN QUESTION, PG. 13



**BACK TO SQUARE ONE:** Miami-Dade plans to seek proposals to create and run a transit-oriented development on nearly 14 county-owned acres at Northwest 215th Street and 27th Avenue south of the Florida Turnpike's Homestead Extension in Miami Gardens. The new proposal is based on the Strategic Miami Area Rapid Transit (SMART) Plan and the new locally preferred alternative of an elevated fixed guideway transit system recommended for the North Corridor on Dec. 6, 2018. The county has tried twice before to get a developer for the site. In the latest attempt, two proposers responded and Miami Gardens Transit Village LLC was recommended for negotiations, but last June the county learned that the developer was no longer part of the team. A county commission committee was asked this week to approve rejection of all proposals to start over.

**PUBLIC-PRIVATE DEAL?:** Miami-Dade County may look to a public-private partnership to build an elevated fixed guideway transit system along Northwest 27th Avenue. A resolution by Commissioners **Barbara Jordan** and **Esteban Bovo Jr.** that was to be heard in county committee this week would ask Mayor **Carlos Giménez** to report within 60 days how to best design, build, finance and operate the system and, if appropriate, bring commissioners a resolution recommending any or all of the project be treated as eligible for a public-private partnership, putting the procedure to cut a deal in motion.

**WHO SHOULD RUN MARINAS?** Miami city commissioners plan to discuss the current operations of the several city-owned marinas today (3/14). Some of the marinas are run by the city itself, like Dinner Key Marina, and others are run by private entities. Commissioners have been considering whether to have all of the city's marinas run by private companies.

**FULL DISCLOSURE:** Sellers of property within special taxing districts – or an area in which a petition to create such a district exists – must now disclose to potential buyers that the property is subject to additional payments, as Miami-Dade commissioners on March 5 voted unanimously in favor of an ordinance amendment calling for the disclosure, sponsored by **Jose "Pepe" Diaz** and co-sponsored by **Daniella Levine Cava**, **Joe Martinez**, **Dennis Moss**, **Jean Monestime** and **Javier Souto**. The ordinance will be enforced by the county parks department's Special Assessment Districts Division, according to Cultural Affairs Director **Michael Spring**, who wrote that the ordinance will also require petitioners of new special taxing districts to prepay the cost of recording the taxing district into record at the time of filing.

## THE ACHIEVER



Photo by Cristina Sullivan

**Debbie Mucarsel-Powell**  
Targets healthcare, gun reform, climate issues, immigration  
The profile is on Page 4

## Hard Rock tunnels and bridges due

By **JESSE SCHECKNER**

Construction linking pedestrians to Hard Rock Stadium is a go, as Miami-Dade lawmakers have granted an aerial easement allowing one of two planned foot bridges to be built over a county-owned roadway in Miami Gardens.

By September – just in time for the onset of the NFL regular season and five months before the stadium hosts Super Bowl LIV – the bridges over an adjacent Florida Turnpike exit and Northwest 199th Street (Dan Marino Boulevard) should be done, county, city and project documents show, as should two tunnels under Don Shula Drive.

Bentley Architects & Engineers is designing the new facilities and Condotta America Inc. will build the structures, project senior public information specialist Tasha Cunningham said, confirming that construction began on-schedule in January.

No county consent was needed for the Turnpike bridge, she added, because it's not a Miami-Dade right-of-way.

Funding will come from an agreement between the Florida Department of Transportation and the city.

County commissioners approved the overhead allowance last week, close to three years after Miami Gardens' city council voted 6-0 to urge state transportation departments to "provide and expedite funding and permitting" for construction.

The city resolved to not pay for any of the projects' costs – about \$17.86 million for designs, construction, inspection and the city's administrative expenditures – with its involvement "limited to facilitating the funds for the project and executing funding agreements."

At the time, Hard Rock Stadium – then Dolphin Stadium – was undergoing \$450 million in privately funded renovation.

The landmark sports site, projected to host about 2 million visitors and generate more than \$13 million in sales tax revenues for the state, remains the largest sports and entertainment complex in the county.

## Hundreds of millions in county Irma aid stalled

By **JESSE SCHECKNER**

Repeated staff and processing changes have slowed reimbursement of Miami-Dade's Hurricane Irma recovery costs, with just 0.15% repaid to date of some \$252.5 million the county has spent.

Irma struck South Florida on Sept. 10, 2017, six days after President Donald Trump declared a federal emergency that allowed Miami-Dade to seek state and federal grants to cover hurricane-related expenditures.

The county anticipates it will spend \$376 million in recovery costs based on initial damage assessments that "will be adjusted as... costs become known," with federal and state reimbursements projected at \$335 million, a Feb. 25 memo from Mayor Carlos Giménez shows.

But as of Jan. 31, he wrote, the Federal Emergency Management Agency (FEMA) has obligated only \$657,016 for reimbursement, of which the county has received just \$381,209.

FEMA's "continuous changes to their review team members, including four different team leads assigned to assess the county's expense documentation, [lost] continuity in process review and [led] to duplicative efforts and wasted

time," Mr. Giménez wrote.

"Arduous" documentation requirements and "iterative" review processes at the federal level, as well as obstructive state policies, led to further stalling.

A flowchart in the memo shows that emergency reimbursement applicants face a four-phase process of about 35 steps, after which FEMA's Virginia-based Consolidated Resource Center may award grants.

But Florida refused to authorize advancing the grants based on county estimates until state workers completed a required "100% audit review" for projects costing over \$123,100 – a task for which it failed to provide adequate staffing and whose "window of opportunity... has since [passed]," the mayor wrote.

However, hope isn't lost, he wrote. The current FEMA team reviewing county applications "is the most experienced to date," and last month the county met with new FEMA Director Jared Moskowitz, who promised "policy and procedural changes" through mid-April to expedite reimbursements.

"As an example of positive change," the mayor wrote "the state has retained and assigned the accounting firm of KPMG to conduct the state's

review of county expenditure documentation."

Estimated county costs stemming from Hurricane Irma, the county's first monthly reimbursement status report shows, include:

- \$183.65 million for debris removal from Sept. 4 to Oct. 17, 2017, with costs past that not yet determined.

- \$80.43 million for emergency protective measures.

- \$10.46 million for roads and bridges.

- \$12.32 million for water control facilities.

- \$22.75 million for buildings and equipment.

- \$16.53 million for utilities.

- \$32.1 million for parks, recreational facilities and related amenities.

- \$17.75 million for "direct administrative costs."

Federal funds would cover at least 75% and up to 100% of the costs, with the state mostly paying 12.5%.

Before accepting the report last week, Commissioner Daniella Levine Cava said that while she believes the county will eventually be fully repaid, she knew FEMA is "very slow."

"I was told by the budget office that Hurricane Andrew took 11 years to recover our costs," she said. "Hopefully we're not looking at that again."

## AGENDA

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# Bill to fortify telehealth in state offers insurers tax breaks

BY CHRISTINE SEXTON  
THE NEWS SERVICE OF FLORIDA

Insurers could get tax breaks worth as much as \$30 million and use out-of-state health providers in their networks under a House bill meant to champion the use of telehealth in Florida.

Members of the House Health Quality Subcommittee last week approved the bill and included a tax credit for insurers and HMOs willing to reimburse health providers for telehealth services. The tax credit — equal to one-tenth of 1% — could be applied against corporate income taxes or insurance premium taxes.

Rep. Carlos Guillermo Smith of Orlando, who was one of only two members of the panel to oppose the measure, said he didn't think the state needs to give an incentive to insurance companies and HMOs for agreeing to reimburse for the services.

"Thirty million is a fairly large budget hole," he said.

Florida providers and hospitals lag behind their peers nationally in the use

of telehealth, according to a state-created telehealth advisory task force. Telehealth, a term insurance companies have coined, involves using the internet and other technology to provide services to patients remotely. Telehealth is not a type of health care service but rather is a mode to deliver the services.

There's little dispute about the definition, but there is dispute about the name. Physicians prefer to call this mode of health-care delivery telemedicine.

The Legislature has for years grappled with telehealth and how it should best be used and regulated.

In December 2016, the Agency for Health Care Administration issued the findings of a survey it conducted with the state insurance department and the state health department. The results showed that 45% of hospitals responding to the survey said they provided telehealth, while only 6% of practitioners, such as physicians, did.

House Speaker Jose Oliva of Miami Lakes has included expanding the use of technology as a priority in pursuing an

overall agenda to lower health-care costs.

But disagreements between insurance companies and physicians were on display last week when the House panel considered the bill.

Jeff Scott, general counsel of the Florida Medical Association, told lawmakers that Florida physicians support telemedicine and that state medical boards have adopted rules to regulate its use for in-state and out-of-state providers.

"The foundation for telemedicine is in place," he said, adding, "the major impediment to expanding telemedicine is the reluctance of insurance providers to fully pay for this service. For telemedicine to reach its full potential in Florida, the issue of payment parity needs to be addressed."

The Telehealth Advisory Council, in a 2016 report to the Legislature, recommended that the state pass a parity requirement. Essentially, the mandate would require health plans to pay practitioners and facilities for services at rates that are equivalent to reimbursement rates for the same services if performed face-to-face.

According to a 2018 report from the Center for Connected Health Policy, 39 states and the District of Columbia have laws that govern telehealth reimbursement policies.

But Mr. Scott noted that the House bill doesn't have a mandate. Meanwhile, it contains a provision that would allow out-of-state providers to be included in insurance-company and HMO networks.

The providers would have to meet certain requirements and register with the state health department. But Mr. Scott said that didn't go far enough to protect patients.

Bill sponsor Clay Yarborough of Jacksonville indicated, however, that he favors using incentives to encourage insurance companies, rather than issuing mandates.

"That's not the approach that I'm poised to take, where we are going to force [insurance companies] to do it," Rep. Yarborough said following the meeting. "As time goes on, given that more providers are going to want to do telehealth, they'll eventually have that realization that we need to do this anyway. Right now, it's a kick-start to incentivize them to do it."

# Hospitals push marriage of medicine and tele-technology

BY REBECCA SAN JUAN

Hospitals in Miami-Dade are exploring new ways of expanding telehealth services. Medical leaders and industry experts are following the cultural push for the marriage of medicine and technology but caution against reckless dependence.

The public is aware of telemedicine options and relying more on their services. Cynthia LeRouge, Florida International University associate professor of information systems and business analytics, says more notification through email and text messaging between providers and patients is changing the mentality of how to access healthcare. The current activity is signaling to the public that using Skype-like technology for appointments is appropriate. The growth in telemedicine is filling a gap in the healthcare system.

"The health system needs us to become more engaged because health systems are overloaded with trying to care for all of the illnesses and different things that happen, even natural disaster," Dr. LeRouge said.

Mount Sinai Medical Center incorporates telehealth into its system in a variety of ways. Telemedicine carts are stationed in intensive and surgical care units as well as the emergency departments in Aventura, Hialeah and Miami Beach. Emergency rooms often connect doctors off site with patients in desperate need of attention. Nurses move the carts close to the patient and the physician conducts an examination by a desktop computer, phone or tablet.

Telehealth also provides accessibility to educational programming. Speakers are invited to the main campus and are connected to the 13 satellite stations through a televiewing platform. Staff of Mount Sinai can connect to the webpage and view the conference regardless of their location.

Jackson Health System also leans on telehealth through Jackson's Ryder Trauma Center. The TeleTrauma Department of the William Lehman Injury Research Center since 2006 has provided a platform in which physicians can connect with their colleagues regardless of where both parties are located.

There are no limits as to who or where his physicians can reach, said



The Nicklaus Children's Hospital Telehealth Command Center uses new technology to aid the patients.



Cynthia LeRouge cites urgent care.

Dr. Antonio Marttos Jr., Jackson Hospital and University of Miami Health System trauma surgeon and assistant professor of surgery at the University of Miami Hospital, who leads the department as its director. His team used their telemedicine-integrated trauma system in several global events, including aiding victims of the 2010 earthquake in Haiti and other Caribbean countries, and partnered with the Brazilian Olympic Committee for the 2012 London Summer Olympics.

"Healthcare is going through an evolution right now," Dr. Marttos said. "Technology can help manage disease, patients that are at home and don't realize they are getting sick, telehealth can help some patients avoid going to the emergency rooms in a way. I think that is the future. It is important for physicians to see the patients, but this can help manage the funds and costs [to] provide better quality of care to every single human being at a lower cost and good quality."

Mount Sinai officials are looking to expand and maintain services this year with funding coming from operational costs. They have five carts, all connected through Zoom, and want to add more to their system regardless of the \$5,000 price tag per cart. They will be connected into the secure system Zoom. They also aim to establish a confidential, FaceTime-like system in which patients and physicians can connect.

"We will probably expand to Key West hospital by the end of 2019, and I am sure we will have implemented the video discussion with patients," Mount Sinai Medical Center Chief Medical Officer Dr. Robert Goldszer said. "We want to see if and how that would work."

Dr. Goldszer says Mount Sinai will also continue the educational meetings that cost \$1,000 to maintain.

Common denominators exist in ways hospitals are relying on telehealth, says Dr. LeRouge. She refers to the trend at a recent conference in which local hospitals and institutions discussed telehealth and new strategies. "One common denominator you saw that almost all of them either were offering or are on their way to offering is virtual urgent care. Why might they do that? It is an increasing connection and association with their current patients. It is also a way that they can reach out to patients that may not yet be in their system."

Dr. Marttos agrees that attention to acute care is growing. "The future is in acute care," he said. "There is a lot



Antonio Marttos sees an evolution.

of information to help in emergency rooms, operating rooms, and when a physician is under stress, under pressure."

He also sees interest from health systems and telehealth programs in other areas — "behavioral health, the corrections system or remote cases where you cannot have a specialist available 24/7."

Hospitals are getting creative on how they inform the public about their services, Dr. LeRouge observes. She sees some health systems partnering with hotel chains and tapping into advertisements from the hotel's television home screen to notifications throughout the room, detailing their services.

The industry as a whole is reaching new frontiers, including programs under development that would pair a physician based on the symptoms an application user is showing. But barriers exist to the field's expansion. Physicians remain bound by their state, many not being able to use telemedicine to reach

patients across state lines.

"There are different types of credentialing and what have you," said Dr. LeRouge. "There is a lot of work that has to be done for a provider to work in one state and also another state." Reimbursement is another issue. Few telemedicine providers, including Mount Sinai with the exception of users being in low-served areas, offer reimbursements.

"We see that Medicare and Medicaid are increasing areas of reimbursement. That makes a difference, because private insurance tends to follow what Medicaid and Medicare do," Dr. LeRouge said.

Those in the field lean on the side of mindful utilization as telehealth evolves.

"As we think about these various technologies," Dr. LeRouge said, "what always worries me is do we have that place for those that may not have easy access, that may not have certain forms of literacy, and that may not have technology literacy or different types of health literacy to help understand what they are getting."

The application and maintenance of industry practices is also especially important as technology evolves, Dr. LeRouge said. "We need to make sure that clinical guidelines and protocols are followed in all of these forms of medicine that we are issuing, that we are maintaining those standards when we change the modality."

Dr. Goldszer, a frequent user of emails and text messaging to book appointments and communicate with his physicians, says institutions need to prioritize what best benefits a patient.

"Although I love computers and technology," he said, "we need to do things wisely. Just because we can use something doesn't mean we should, or that it is the best way to use something. We should analyze and make sure that things we are providing are providing good outcomes."

Efforts don't stop with the launch of a new program. The effectiveness of a new program must also be measured, Dr. Goldszer said. "We try to measure: Did it make a difference? Is it something that we should continue? That is important with all new technologies."