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Patient Care Ombudsman

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Case No. 17-13478

Place for Total Health Medical PC

Debtor

Chapter 11

INTERIM REPORT OF JOSEPH J. TOMAINO
AS PATIENT CARE OMBUDSMAN

I, Joseph J. Tomaino, the duly appointed Patient Care Ombudsman appointed by the United States Trustee pursuant to an order of the Court entered in the above-captioned bankruptcy case, file this interim report pursuant to 11 U.S.C. § 333 (b)(2). Place for Total Health Medical, PC is a professional corporation operating a practice of medicine in its offices located at 304 South Park Avenue, New York, NY.

Approach

An initial meeting with Eric Braverman, MD, was held at his office on January 24, 2018. The purpose of this visit was to get an overview of the scope of the practice, and understand the current ability of the practice to meet operational requirements. The meeting also included a review the role of patient care ombudsman, a tour of the facility, and select patient and staff interviews. A HIPAA Business Associate Agreement between the practice and Grassi

Healthcare Advisors LLC was executed at the beginning of the meeting.

During this initial visit, interviews were done with a staff Chiropractor, a Physician's Assistant, Office Manager, and staff on duty in the supplements store. A brief interaction was also made with a patient who was introduced to Ombudsman by Dr. Braverman, and observations of care being delivered to several other patients during the tour.

Findings

Overview of the scope of the practice:

The practice provides general medical care with a focus on integrative health, incorporating concepts of nutrition and chiropractic in its provision of primary care. There also is a provision of executive health services, allowing patients to schedule a day of coordinated and comprehensive assessment and testing. Stem cell therapy is also provided, with harvesting of the stem cells by a surgeon using liposuction.

There is a well-appointed waiting area and several well equipped examination rooms and consultation rooms. An ultrasonography suite is available and an abandoned suite is in evidence. A DEXA Scan device is housed in another room to provide bone density testing. A suite is also set up for stem cell harvesting by lipo-suction. Three well-appointed rooms are set up for executive health testing, however all show evidence of not being used in awhile. A store is located off of the reception area to sell supplements, books, and other medical accessories.

The examination and treatment areas were clean and well lit. Offices are cluttered with medical records, research data, and reference materials.

Staff interviewed related that since several of the medical providers had left the practice, with some of their patients following them, and that since the radio program upon which the practice relied heavily for marketing was discontinued, there has been a marked decrease in

patient volume in recent months. Staff related that their pay checks are variable, specifically that they have only been paid once in the past four weeks. They also report that employee health benefits are intermittently cancelled due to non-payment. They report that with a great deal of coordination and effort, supplies and equipment for patient care are maintained. Patient interactions observed were unrushed and patients were engaged in deep dialogue with providers. The patient I spoke with expressed satisfaction with his care, and an appreciation for the attention he received.

Dr. Braverman reported that financial management of the practice is through a receiver who was placed as a result of a stipulation agreement in his matrimonial case and personal bankruptcy. The receiver is Simon Miller. Dr. Braverman expressed frustration that it is difficult to operate the practice without having the financial control himself.

On January 29, I received an email notification that the practice's malpractice coverage had been discontinued for non-payment. Several hours later, I received a follow up email from debtor's attorney Michael Siegel that the situation has been resolved with the assistance of Mr. Miller. I then interviewed Mr. Miller by phone who indicated that he took over financial control of the practice in May, 2017. He found at that time that spending exceeded income and the practice was in financial disarray. He brought in accountants to assist with organizing the finances but without success. He related that he now goes through a very difficult process of trying to work with debtor on what gets paid on a nearly daily basis, but there is no organized plan.

Current status of operations and ability to meet staffing needs of patients:

The ability of the practice to continue to provide care to patients who seek it from them is most immediately threatened by the lack of a well-organized financial management plan.

This statement is made based on the frustration level of the staff, one of whom showed me a copy of a letter of resignation he had just handed in. I will be making additional site visits and interviews to gain a deeper understanding of issues in the practice. Immediately, however, an effort is needed to develop a budget which balances expected income with expenses, and to get those budgeted expenses in alignment with the revenue. Then, a weekly cash flow document is needed that shows expected revenue each week and payables due. This will allow whoever is responsible for managing the finances of the practice to ensure its continued operation, so those who value the care provided there may continue to do so.

Risk Assessment and Monitoring Plan

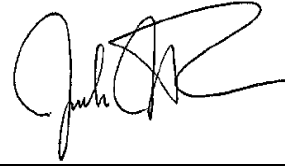
Based on interviews with staff and observations made, the practice appears tenuously staffed. It is equipped and operating within appropriate guidelines for patient safety and infection control, but with considerable effort. The financial situation of the practice is extremely unstable and this represents the biggest risk to continuity of care.

The patient care ombudsman will make additional site visits in coming weeks. Mr. Miller has agreed to share with me the daily report of payables, so I will be able to monitor for areas of risk. Staff were encouraged to call ombudsman confidentially with any concerns for patient care or safety during this inactive monitoring period. Any reports made to the patient care ombudsman by patients, staff or others will be investigated.

This interim report is made because of the serious situation observed at the onset of my monitoring period. Unless any additional urgent issues are discovered in the course of this monitoring, the first full report of the patient care ombudsman will be made 60 days from my appointment.

Notice of the filing of this report will be provided to debtor for posting in in the practice location.

Dated January 30, 2018

A handwritten signature in black ink, appearing to read 'Joe Tomaino', written over a horizontal line.

Joseph J. Tomaino
Patient Care Ombudsman for
Place for Achieving Total
Health Medical, PC