

HEALTHCARE



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Susan and Henry Samueli College of Health Sciences

UCI receives \$200 million gift to transform College of Health Sciences

The largest gift in the history of the University of California, Irvine promises to transform how medicine is taught and practiced, positioning UCI as a bold leader in population health, patient care, education and research.

The \$200 million gift from Susan and Henry Samueli, longtime UCI supporters, was announced last month and will name a first-of-its-kind College of Health Sciences focused on interdisciplinary integrative health.

“This gift catalyzes UCI’s belief that human health and well-being requires a science-based approach that engages all disciplines in caring for the whole person and total community,” said Chancellor Howard Gillman.

“Susan and Henry Samueli’s dedication, their vision for what is possible and their deep generosity will help UCI set a standard that, over time, other medical centers in the U.S. can follow,” Gillman added.

First systematic approach to integrative health

The Susan and Henry Samueli College of Health Sciences will be the first university-based health sciences enterprise to incorporate integrative health research, teaching and patient care across its schools and programs.

Integrative health redefines the relationship between the practitioner and patient by focusing on the whole person and the whole community. It is informed by scientific evidence and makes use of all appropriate preventive, therapeutic and lifestyle approaches, and healthcare professionals and disciplines to promote optimal health and wellness.

The far-reaching donation is the seventh-largest to a public university.

The new Susan Samueli Integrative Health Institute will focus on improving medical care by supporting multidisciplinary research, education, clinical service and community programs. Faculty and students in computer science, engineering, social sciences, business and other areas will collaborate within the institute to study the future of human health.

The Susan and Henry Samueli College of Health Sciences will ultimately include the institute and the following UCI schools, as well as other research entities:

- School of Medicine
- Sue & Bill Gross School of Nursing
- School of Pharmacy (currently the Department of Pharmaceutical Sciences)
- School of Population Health (currently the Program in Public Health)

“Recent research and clinical treatment has focused on the molecular underpinnings of medicine. Though practitioners can be slow to adopt new approaches, many in the field now believe we are reaching a tipping point at which a systems medicine approach is required — allowing for treatment plans that are more effective clinically and provide for the overall well-being of patients and family,” said Howard Federoff, MD, PhD, vice chancellor for health affairs and CEO of UCI Health.

Gift will support state-of-the-art facility and generous endowment

The Samuelis’ gift will provide \$50 million toward construction of a facility to house the college and \$5 million for state-of-the-art technology and labs — forming the foundation of a national showcase for integrative health.

It also earmarks \$145 million to create an endowment for:

- Up to 15 faculty chairs across the medicine, nursing, pharmacy and population health disciplines for senior, midcareer and junior faculty with expertise in integrative health
- Integrative health training and mentoring for interested medical school students
- Scholarships and fellowships for undergraduate and graduate students planning careers in related fields
- Innovative curricular development and campuswide interdisciplinary research projects
- Ongoing clinical services, research and education in the Susan Samueli Integrative Health Institute, including investigations of nonconventional interventions as part of medical treatment and educating medical and lay communities about benefits and risks associated with new healthcare approaches



Susan and Henry Samueli

Goal: recognition as 'standard of care'

Fundamental change in thinking about healthcare and how it's delivered will take time, a steady stream of new evidence and strong academic leadership. The Samuelis' transformational gift is the first step toward creating an expanded health sciences campus, integrating the affiliated schools and programs of the college as well as new teaching, research and clinical spaces.

"Susan and I have supported healthcare research for nearly 20 years, and over that time, we have seen a significant expansion of the scientific evidence demonstrating the value and efficacy of integrative health. This evidence base is critical as UCI — a young, innovative institution — takes this big and influential step," said Henry Samueli, PhD, an engineer and co-founder of Broadcom Corporation. "We are very excited for the UCI College of Health Sciences to become a national model for integrative health. We believe this model will eventually become the standard approach for promoting health and well-being in our society."

Planning for this effort will be a central feature of an upcoming UCI fundraising campaign, with Susan and Henry Samueli as honorary co-chairs. Their latest pledge continues the Samuelis' generous support of UCI, more than \$70 million prior to this announcement, highlighted earlier this year by a \$30 million gift from the Samueli Foundation for a convergent sciences building. In 2000, the couple received the UCI Medal — the university's highest honor — for their exceptional contributions to UCI's mission of teaching, research and public service.

For more information, visit cohs.uci.edu

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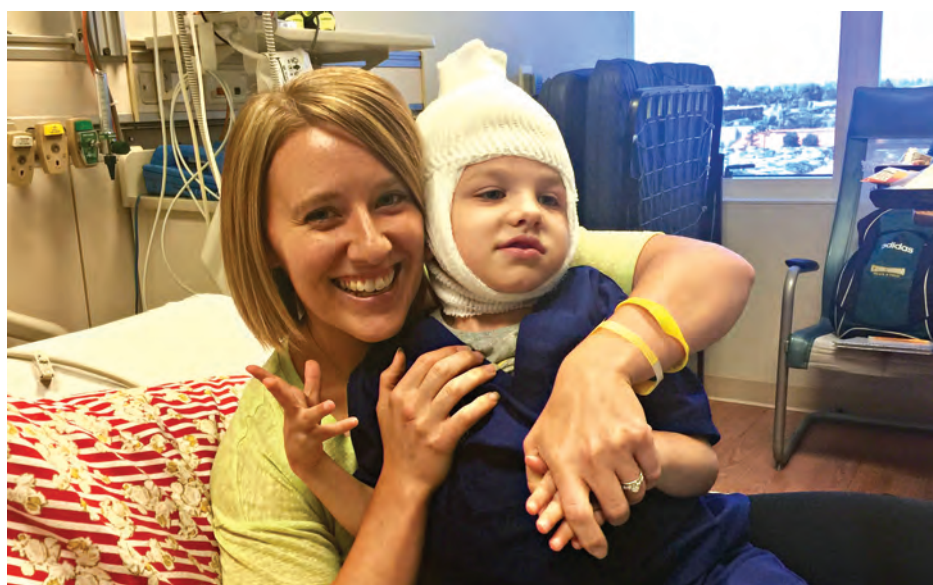
CHOC Children's at the Forefront of Treating Rare Genetic Condition

Bringing new hope to patients and their families in Orange County and beyond, CHOC Children's is now among a few hospitals nationwide to offer treatment for a rare genetic brain condition that has previously been considered a death sentence for children.

CHOC has been fast tracked to commercially provide Brineura, the first and only treatment for CLN2 disease, also known as late infantile Batten disease. The devastating condition typically begins with language delays and seizures before age 3, and rapidly progresses to dementia, blindness, loss of the ability to walk and talk, and death in childhood.

Bringing Brineura to CHOC is the product of three years of work by metabolic specialist Dr. Raymond Wang.

"This is huge," Dr. Wang says. "You're taking a progressive and fatal disease and stopping it. Having seen how heartbreaking it is for families to see the child they know get slowly robbed from them, the fact that we can offer these families hope is tremendous."



Dr. Wang works closely with CHOC neurosurgeon Dr. Joffre Olaya to administer the treatment. Each patient has an Ommaya reservoir implanted under their scalp, which allows the medicine to be infused directly into their brains.

In a sterile procedure every two weeks, Dr. Olaya and a team of highly trained nurses insert a needle into the reservoir to administer the medication. The infusion lasts four hours, and after four hours of observation, the patients can go home.

While not a cure, the drug can slow the progression of the disease. Over a three-year period, patients treated during clinical trials showed no progression of the disease, which was radically different from the disorder's natural course. The medication improves quality of life and buys patients critical time as researchers continue to search for a cure.

Having the treatment available close to home is a game changer for the Bowman family. A participant in the clinical trial, 4-year-old Ely would previously travel every 10 days with his parents from Irvine, Calif., to Columbus, Ohio, for treatment.

But now, the Bowmans need only to drive a few miles to CHOC for this critical intervention.

"For Ely to be home and have consistency and we can still have some fun is wonderful," his mother, Bekah, says. "We can see him thriving."

The treatment also offers hope that Ely might escape the same fate as his older brother, Titus, who died of the same disease about a year ago at age 6 before he could receive treatment.

As he receives his infusion, Ely wears medical scrubs with "Dr. Ely" embroidered across the chest and watches videos on a tablet. Flashing across the device's screen are home movies of Ely as a toddler playing with his late older brother.

The Bowman family will never get back those days, but this life-saving treatment at CHOC is an opportunity to halt a disease that has ravaged their family.

"Something like this is the very reason I went into medicine and specialized in metabolic disorders: to provide hope to families affected by rare disorders such as late infantile Batten disease," Dr. Wang says.

Brineura's availability at CHOC is also a relief for Maya James and her family.

Diagnosed with an atypical form of Batten disease about four years ago, the 14-year-old had also been traveling regularly to Ohio to participate in the clinical trial.

While the medicine has been shown to slow the progression of Batten's devastating consequences, Suzette, Maya's mother, says the treatments have helped her daughter improve her balance and walking. Maya continues to ride a bicycle and rock climb.

Moreover, the treatment has given the James family hope.

"We're so thankful to have this opportunity," Suzette says. "Before, we had nothing. We only had, 'Your child is going to die and we can't tell you when. And she's going to lose every function she has and we can't tell you when.'"

Maggie Morales was preparing to bring her 5-year-old daughter Mia to Ohio for treatment as well when she got a call from CHOC about Brineura's availability.

Now, Mia has begun receiving infusions at CHOC, and her family has found a sliver of light following a devastating diagnosis.

"It's amazing that there's treatment because when we first got the diagnosis, there was nothing to do but take your child home and wait for it to happen," Maggie says. "Hopefully along the way, a cure comes along."



Thanks to the expertise of physicians like Dr. Wang, CHOC is uniquely positioned to treat inborn metabolic disorders, or rare genetic conditions that result from a missing or defective enzyme in the body. Symptoms of metabolic disorders vary widely and can range from mild to life threatening.

Many can cause seizures, developmental delays, permanent brain damage or even death if they are not controlled. Reaching a diagnosis is often like assembling a puzzle pieces, many of which are unique to each patient.

CHOC physicians have been the first to identify some of the rarest diseases associated with inborn metabolic disorders. For some metabolic diseases, CHOC offers the only specialized treatment programs on the West Coast, and many patients travel to CHOC from around the world for treatment.

Dr. Olaya is among CHOC's team of highly trained pediatric neurosurgeons. As part of the Neuroscience Institute at CHOC Children's, board-certified neurosurgeons like Dr. Olaya bring the highest levels of expertise and experience to even the most complex disorders of the brain, spine and central and peripheral nervous systems.

While every effort is made for nonsurgical intervention, neurosurgery can often be the answer to saving or improving a child's life, and CHOC is a pioneer in some of the most innovative neurosurgery procedures.

Working together, Drs. Wang and Olaya are giving hope to the patients and families contending with a devastating and life-altering diagnosis such as Batten disease.

"It's truly groundbreaking what CHOC is bringing for patients with neurological conditions," says Suzette, Maya's mother. "This is an opportunity for people with other similar diseases to have hope."

To learn more, contact the CHOC Children's division of Metabolics, at 888.770.2462.

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Raising the Bar: Accountability and Compliance in Behavioral Health Care Treatment

by Tonmoy Sharma, M.B.B.S., M.Sc.

The United States is in the grip of an escalating drug epidemic; according to the Centers for Disease Control and Prevention, overdose deaths more than tripled between 1999 and 2015. In 2016, rates continued to rise, with an estimated 65,000 deaths due to overdose. And in 2017, all indications are that a minimum of 70,000 people will perish due to overdosing on drugs, not surprising given that it is the leading cause of death in individuals younger than 50 years of age. At the rate we're going, more than a million people may be lost to these senseless and avoidable deaths over the next decade.

Given that prescription opioids are driving the epidemic, the images of addiction in America have transformed radically over the past two decades. The stereotype of people with track-streaked arms perishing in the gutters of city ghettos and crack houses has long given way to a new reality. The nightly news is now replete with videos of suburban parents wringing their hands over the picture of their clean-cut, all-star high school or college athlete who succumbed to drugs. Mothers and fathers passed out on the freeway, their toddlers strapped into baby car seats in the back. Young, vital celebrities whose careers are cut short by their addictions reaching its logical, conclusion.



Tonmoy Sharma

How do we end this nightmare? What should the collective response be?

Policies and Stop-Gaps

In 2016, prescribers wrote 66.5 opioid and 25.2 sedative prescriptions for every 100 women, men and children in the United States. This fact and the burgeoning drug fatalities have led the public, legislators, health care experts and business leaders to propose myriad solutions to stopping the devastating carnage. The U.S. attorney general favors stiffer sentences for drug offenses. Drug stores chains propose limiting the opioids their pharmacies dispense. The public fights for health care policies that focus on addiction treatment. Medical associations lobby for increased access to that treatment. These are all viable solutions, ones that may combine over time to reduce the numbers of opioid overdose deaths. But there is a more immediate answer at our finger tips – treatment that is based on scientific evidence of what works in addiction treatment.

A Call for Sweeping Measurement-Based Care

The most pressing need in treating patients with substance use issues is an overarching policy of providing measurement-based care (MBC) delivered by a highly-trained staff in a professional, Joint Commission-accredited addiction treatment facility. MBC is defined as the practice of basing clinical care on client data collected throughout treatment, and is a core component of evidence-based practices. The concept is simple – collecting data on patients enables providers to understand if treatment is working and adjust it accordingly. MBC works for any disorder, in any setting.

A prime example of MBC is treatment for a person with diabetes. Routine treatment involves prescribing drugs and possibly dietary changes that will help to control the patient's blood sugar levels. These levels are routinely checked by the

patient and during periodic blood draws and periodic office visits to ensure treatment is working. Similarly, patients with high blood pressure are prescribed dietary changes and with medication to lower blood pressure; efficacy of treatment is periodically checked with a blood pressure cuff. Simple.

In addiction treatment, MBC entails eliciting frequent and periodic feedback from patients about their care. Applying MBC involves virtually no cost for the provider and can be applied in any medical setting. The 'outcome measures' – checking how treatment is working – is collected from patients. There are many free, brief questionnaires patients answer that help clinicians pin-point what is working and what is not working over the course of treatment. The patient feedback drives clinical decisions throughout the treatment process and care is adjusted as needed.

In addiction treatment, clinicians should frequently check patients' withdrawal symptoms; a client undergoing terrible, uncomfortable withdrawal side-effects is more apt to find relief in using drugs again to feel better. Medication changes, however, can help to alleviate those symptoms and decrease cravings (another symptom to check frequently, and one that can be addressed). Another important parameter is a patient's ability to function; if social or physical functioning are impaired, there is a good chance that using will be more appealing than detoxing. Psychotherapy and medications can help with those feelings and find a path to comfort.

Patients' readiness to change is also a crucial variable; it may vary throughout treatment. There are four levels of change in addiction treatment – precontemplation, in which they are not ready to change; contemplation, meaning they are thinking about it; action, indicates they are willing to take steps to change; and maintenance, in which a recovered person practices habits and behaviors that help her/him stay clean and sober. By checking on patients at each stage, providers can discover, and help patients remove, barriers to treatment, and move from one stage to the next.

The most vital variable of all is the patient's relationship with the therapist. The importance of this cannot be overstated – if the patient-therapist alliance is not positive, treatment will surely fail. Problems in this area must be immediately identified and solved, even if that means assigning a new therapist to the patient.

► MBC has shown to dramatically improve patient outcomes in addiction treatment – up to 67 percent, per some studies. Yet this approach is not the norm. Per a recent report from the Kennedy Forum titled A National Call for Measurement-Based Care, only 14 percent of clinicians use MBC in treating their patients with substance use disorders. The report indicates that physician resistance to change, perception that implementing MBC will be expensive and burdensome, and ignorance about its efficacy are the main barriers to embracing this highly successful, evidence-based treatment. This is simply unacceptable. There is nothing to lose, except lives and time, in rejecting the call for MBC in addiction treatment. The time is now.

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Sydney was a sophomore on her junior varsity basketball team when she was diagnosed with Ewing sarcoma, a type of childhood bone cancer. Fortunately, Sydney had CHOC's leading cancer experts on her side, including her favorite nurse Mary, a former athlete herself. Mary coached Sydney to approach this fight the same way she played basketball – with determination. The team formulated a game plan, and 14 rounds of chemo and one surgery later Sydney is living cancer free. CHOC's long-standing commitment to pediatric excellence draws the world's top pediatric experts and drives research and clinical breakthroughs.

To learn more about the Hyundai Cancer Institute at CHOC Children's, visit choc.org



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Barry Arbuckle, PhD
President & CEO
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It was a passion for clinical excellence that first inspired a group of leading physicians to bring five independent Southern California hospitals together in 1997 under the MemorialCare brand. They believed that we could make clinical care across Orange County and Los Angeles County significantly better by working together as a system. They created best practices and committed to using evidence-based medicine throughout a brand new system, called MemorialCare. Today, as you would expect, clinical excellence is still highly valued by patients and families, but consumers are looking for more. Our research showed that the top three things resonating most with today's savvy healthcare consumers are patient-centric care, accessibility and systemness.



Systemness

Consumers who have a choice about their healthcare, and the employers who select plan benefits, appreciate the value of a system. They're looking for the full range of services for every stage of their lives. Patients expect their doctors, hospitals, health centers and all of their specialty care to be connected so they can see the full picture of their health.

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Today's busy consumers expect their healthcare to be convenient and easily accessible. They're looking for high quality care locations that are close to home or work, and they want to move seamlessly among all the providers in their network. They expect all care locations to be connected through technology and to provide online access to medical records, appointments and more.





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Have You Reviewed Your Shareholders'/Operating Agreement?

by Mark B. Wilson, Partner, Klein & Wilson

When starting a business, the last thing you want to think about is what happens if the business goes sideways. But you should.

"Begin with the end in mind," said the late Stephen Covey. Executing a carefully drafted shareholders'/operating agreement does just that. These agreements set the rules of the company and the owners' expectations. They cover issues such as management of the company, how disputes will be resolved, regulation of company shares, and administration of owner departures. Careful drafting of these agreements forces the owners to have honest discussions about their business. It is usually easier to have these discussions when starting the business, rather than after disputes arise. If you already have a shareholders'/operating agreement in place, you should read it to make sure you understand it and to ensure it covers all contingencies. Many owners are shocked to find what is in their agreements.

Conflicts are inevitable when running a business. Having a clear road map to address potential disputes makes resolving them easier. If you do not have a plan in place, the law will impose one on you, and you might not like how the law works. A well-drafted agreement can provide instructions on what to do when an owner wants out or when one owner wants to purchase another owner's interest – issues that frequently arise. The agreement can also describe when and how to oust a misbehaving owner – another common problem.

What happens to an owner's interest when that owner decides to leave the business? Without an agreement imposing restrictions on the transfer of shares, an owner can usually sell his or her shares freely to anyone – including a competitor. Such a transfer can be disastrous.

Without a properly drafted shareholders'/operating agreement, you and your business partners are flying blind. Plan ahead and address these important issues in writing so there are no ambiguities. You will save grief and money in the long run.

Call us at 949.631.3300 if you have a shareholder/member business dispute. We will evaluate the dispute, provide you a strategy, and execute it.

Mark B. Wilson

Mr. Wilson, a trial attorney, has won nearly every case he has tried or arbitrated. He lost only one jury trial but then obtained a complete reversal on appeal. This year, Mr. Wilson was listed in the Super Lawyers® Top 50 Orange County list, and he is a past Chair of Orange County Bar Association's Business Litigation section.



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Fall Is a Good Time to Assess 'Fall' Prevention

The beginning of the Fall season is a great time for mature adults to think about their risk of "falls," say experts. Why? Every year, one in three people ages 65 years and older has a fall, according to the Centers for Disease Control and Prevention (CDC). More importantly, falls are the leading cause of death from injury among people age 65 and older.

The risk of falls increases with age and can lead to serious injury, including hip fractures and head injuries, as well as hospitalization, loss of independence and even death. Fortunately, there are ways to limit the risk of a fall for yourself and a loved one.

"Falls are a very serious issue for people as they age," said Dr. Alan Beyer, orthopedist and executive medical director of Hoag Orthopedic Institute in Irvine, which provides instruction in fall prevention for its patients. "Chances are you know someone in your own family who has been impacted. Falls are unpredictable. The trigger can be anything from an adverse drug interaction to a loose rug. The consequences can be interrupting of even life-ending."

Falling does not have to be an inevitable result of aging. There are a number of ways to protect yourself or a loved one, according to the experts, including the CDC and The National Council on Aging. Dr. Beyer offers some tips to help reduce your risk of falls:

- ▶ Exercise regularly. Physical activity increases balance, strength and flexibility and could greatly reduce your risk of falling.
- ▶ Schedule an appointment with a primary care physician (PCP) for a medication review. Older people tend to take more medications than younger people. This increases their risk of adverse drug interactions, including side effects like dizziness and drowsiness that can lead to falls. Your doctor can help by reviewing medications for possible interactions, including over-the-counter medicines.
- ▶ Have a vision checkup. Vision problems, including issues such as poor depth perception, can lead to falls. Those with glasses should wear them at all times, especially when getting up during the night.



- ▶ Remove obstacles from around the home. Data compiled by the National Health Interview Surveys indicate that 50 percent of all injuries among older people occurred inside the home. An additional 24 percent occurred outside, but near the house. Many of these falls can be prevented by eliminating hazards such as clutter, poor lighting, loose rugs, etc., and/or adding safety features, such as grab bars and railings.
- ▶ Wear low-heeled rubber-soled shoes. Slippers are slippery. Ditch them in favor of athletic shoes, which improve balance. According to research from the Institute for Aging Research, falls are much less likely to occur to those who wear athletic shoes compared to those who go barefooted or wear only socks or slippers.
- ▶ Use a cane, walker or other device if needed to prevent falls. Doctors can prescribe durable medical equipment for their patients in need.

"The good news is that there are many resources available to lessen an individual's risk of falling," said Dr. Beyer, who also hosts a weekly sports medicine radio show "Doctor in the Dugout" on AM KLAA. "The key is education; learning about these things and implementing them to stop a fall before it happens. Additionally, seniors should be aware that a fall could be an indicator of an underlying medical condition that could warrant evaluation by a physician."

For more information about the award-winning orthopedic program at Hoag Orthopedic Institute or to find a physician, visit HOIExperts.com/Awards or call 855.577.3928.

IRS Hospital Audits: Is Your Hospital Ready?

by Erika Mayshar & Robert Louthian, McDermott Will & Emery LLP

The Affordable Care Act created onerous new rules for tax-exempt hospitals. With final rules under Internal Revenue Code Section 501(r) now in effect for nearly two years, roughly 400 hospitals are experiencing the first wave of Internal Revenue Service (IRS) audits. All tax-exempt hospitals can learn lessons from these early audits:

- ▶ **Review your website.** Google is one of the easiest tools at an IRS agent's disposal. Review your website like a patient would. How easy is it to locate the financial assistance policy? Is your latest Community Health Needs Assessment posted for public access?
- ▶ **Review your board minutes.** Appropriate board approval for Section 501(r) documents appears to be of great importance to the IRS. The existence of required policies is not enough. If board minutes do not clearly show approval of the various required documents, take corrective action.
- ▶ **Be prepared for some quality facetime with an IRS agent.** While most Section 501(r) audits are conducted by written correspondence, many hospitals report that IRS agents visit their facilities to verify required signage and interview hospital staff to determine whether written policies



Robert Louthian



Erika Mayshar

are actually being followed.
▶ **The risks of noncompliance are significant.** In August the IRS issued its first revocation of a hospital's tax exemption for Section 501(r) failures. Loss of exemption can be catastrophic: donors disappear, tax-exempt bonds can become taxable, and major public relations damage occurs. These adverse consequences can be avoided by fixing deficiencies before an audit.

▶ **Be proactive.** While many hospitals have updated their policies in light of the new rules, we continue to find that noncompliance is extremely common. Accordingly, additional review of policies and procedures is advisable. To encourage proactive efforts, the IRS has provided guidance for correcting and disclosing various types of Section 501(r) failures.

Erika Mayshar and Robert Louthian are partners at McDermott Will & Emery LLP. They advise business entities and tax-exempt organizations on a wide range of tax issues, both inside and outside the health care industry. You can contact Erika at 310.551.9356 and Robert at 202.756.8172.

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Will & Emery**



New Luxury Senior Living Comes to Orange

Oakmont of Orange, an Oakmont Senior Living community, is an Independent Living, Assisted Living and Memory Care community scheduled to open in early Spring 2018. Oakmont Senior Living is the recipient of numerous design awards. Oakmont of Orange will provide quality craftsmanship, exceptional care and nearly limitless opportunities for Orange County seniors to engage — the hallmarks of Oakmont communities.

The community is comprised of 77 independent and assisted living apartment-homes ranging from studios to large and airy two-bedrooms. A number of the apartment-homes include balconies overlooking the stunning courtyard. The community will also offer 27 Memory Care apartments, for those seniors who require a more secured setting.



The community features a beautiful living room with a large fireplace; a warm and inviting library; a wellness center, which includes a fitness center with state-of-the-art, senior-friendly equipment; an activities room where residents can enjoy painting, crafts, cognitive games and classes; and a large and elegantly appointed restaurant. The restaurant features made-to-order fine dining, where our Chef will create artisan flatbreads utilizing the wood-burning pizza oven, sumptuous rotisserie meals and a comprehensive always-available menu.

The community is now accepting reservations. Please visit the Information Center at 765 The City Drive, Suite 405, Orange, CA or call 714.695.5866 to schedule a tour!



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