

HEALTH CARE ROUNDTABLE

An Informative Q&A with OC's Top Health Care Professionals



Richard Afable, M.D.
Chief Executive Officer
St. Joseph Hoag Health



Barry Arbuckle, Ph.D.
President & Chief Executive Officer
MemorialCare Health System



Bart Asner, M.D.
Chief Executive Officer
Monarch HealthCare



Terry A. Belmont
Chief Executive Officer
UC Irvine Medical Center



Lawrence M. Brown, Pharm.D., Ph.D.
Professor, Associate Dean of Student & Academic Affairs
School of Pharmacy, Chapman University



Mark E. Costa
Executive Director
Kaiser Permanente Orange County



Kimberly C. Cripe
President & Chief Executive Officer
CHOC Children's



The effects of the new health care reform provisions are significantly impacting the industry. With these changes, there are still important unanswered questions. The Orange County Business Journal has asked some of the community's leading experts in the field to share their extensive knowledge and insight into the issues at the forefront of the health care industry today.



HEALTH CARE ROUNDTABLE PARTICIPANTS

Chapman University School of Pharmacy

Chapman University's School of Pharmacy (CUSP) is Orange County's first school of pharmacy. Housed at Chapman's Rinker Health Science Campus in Irvine, the first professional degree class enters in September 2015. CUSP empowers students with broad and deep scientific foundations on future therapeutics and flawless personalized patient care, where pharmacy practice, industry, bio-medical/clinical sciences, and global health system informatics intersect. The school will deliver a three-year "accelerated" Doctor of Pharmacy degree, as well as MS and eventually Ph.D. research degrees. The high-tech Rinker teaching and research labs will provide a unique flipped classroom andragogy and world-class discovery experiences for every student.



CHAPMAN UNIVERSITY
SCHOOL OF PHARMACY

CHOC Children's

Named one of the best children's hospitals by *U.S. News & World Report* and a Leapfrog Top Hospital for the highest quality of care, CHOC Children's is exclusively committed to the health and well-being of children. Affiliated with the University of California, Irvine, CHOC's regional health care network includes two state-of-the-art hospitals in Orange and Mission Viejo, many primary and specialty care clinics, a pediatric residency program and four clinical centers of excellence – the CHOC Children's Heart, Neuroscience, Orthopaedic and Hyundai Cancer Institutes. CHOC earned the Gold Level CAPE Award from the California Council of Excellence, the only children's hospital in California to ever earn this distinction, and was awarded Magnet designation, the highest honor bestowed to hospitals for nursing excellence. Recognized for extraordinary commitment to high-quality critical care standards, CHOC's Pediatric Intensive Care Unit (PICU) is the first in the United States to earn the Beacon Award for Pediatric Critical Care Excellence.



Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, our mission is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve. We currently serve more than 3.7 million members in Southern California. Care for members and patients is focused on their total health and guided by their personal physicians, specialists and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health. Kaiser Permanente Orange County currently serves more than 494,000 members through a network of approximately 7,200 employees and 930 physicians. Visit www.kp.org/orangecounty.



MemorialCare Health System

MemorialCare Health System, with more than \$2 billion in annual revenues, is one of the nation's most recognized nonprofit integrated delivery systems, continually lauded for innovations in best-practice, evidence-based medicine, technological advances and best places to work. MemorialCare includes more than 200 care sites; 14,000 employees and affiliated physicians; six top hospitals – Long Beach Memorial, Miller Children's & Women's Hospital Long Beach, Community Hospital Long Beach, Orange Coast Memorial Medical Center in Fountain Valley and Saddleback Memorial Medical Center in Laguna Hills and San Clemente; Seaside Health Plan; and numerous outpatient health centers throughout Orange and Los Angeles counties, including physician practices, urgent care centers, imaging facilities, ambulatory surgery centers, digestive care centers and lab sites. Its MemorialCare Medical Group and Greater Newport Physicians medical group divisions are continually named top performers by trade, consumer and patient advocacy organizations. For information, visit www.memorialcare.org.



Monarch HealthCare

Monarch HealthCare is an Independent Practice Association (IPA) caring for patients since 1994. Monarch HealthCare has more than 2,500 private-practice physicians who care for over 250,000 Orange County and Long Beach residents. Recognized by health plans and business groups for providing high-quality care and excellent service, Monarch HealthCare is led by physicians who have demonstrated their commitment to advancing medical excellence and exemplifying the "patient-first" philosophy of healthcare in their communities. Monarch is proud to have been designated a 2012 Pioneer Accountable Care Organization (ACO) by the Center for Medicare and Medicaid Services (CMS). Under the Pioneer ACO program, Monarch provides care coordination services for traditional Medicare patients. For more information, please visit www.monarchhealthcare.com.



St. Joseph Hoag Health

St. Joseph Hoag Health (SJHH) is an historic alliance, laying the foundation for sweeping changes in the delivery and accessibility of high-quality health care. Combined, St. Joseph Hoag Health has earned some of health care's highest honors, including Magnet designation for many of its hospitals (the highest honor bestowed to hospitals for nursing excellence), "best of" listings in *U.S. News & World Report* and Best of Orange County (*OC Register*) status. The network includes flagship hospitals (Hoag Newport Beach, Hoag Irvine, Hoag Orthopedic Institute, Mission Hospital Mission Viejo, Mission Hospital Laguna Beach, St. Joseph Hospital Orange and St. Jude Medical Center), eight medical groups and physician networks and numerous outpatient and urgent care facilities. SJHH is also affiliated with Children's Hospital of Orange County (CHOC) and CHOC Children's at Mission Hospital.



UC Irvine Health

UC Irvine Health comprises the clinical, medical education and research enterprises of the University of California, Irvine. Patients can access UC Irvine Health at physician offices throughout Orange County and at its main campus, UC Irvine Medical Center in Orange, Calif., a 411-bed acute care hospital that provides tertiary and quaternary care, ambulatory and specialty medical clinics, behavioral health and rehabilitation. *U.S. News & World Report* has listed it among America's Best Hospitals for 14 consecutive years. UC Irvine Medical Center features Orange County's only National Cancer Institute-designated comprehensive cancer center, high-risk perinatal/neonatal program, Level I trauma center and Level II pediatric trauma center, and is the primary teaching hospital for UC Irvine School of Medicine. UC Irvine Health serves a region of more than 3 million people in Orange County, western Riverside County and southeast Los Angeles County.



USI

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“New taxes and penalties are increasing plan sponsors’ interests in alternately funding their plans in order to mitigate cost trends inherent to fully insured contracts.”

– Thom Lewis
Regional CEO
USI Southern California

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“The key for employers will be to keep a close eye on member complaints, since dissatisfaction may lead employees to not seek care when it is needed.”

– Lawrence M. Brown, Pharm.D., Ph.D.
Professor, Associate Dean of Student &
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► **The Affordable Care Act has now been law for just over a year, what does the future hold for employer-based health care coverage? What challenges and opportunities did health care reform present to your organization this year?**

Thom Lewis, USI Southern California: The majority of Americans working for larger employers (over 100 lives) will continue to benefit from employer-provided coverage. Employers under 100 lives will see a shift towards the SHOP Exchange in CA, but subject to new rating methodologies, which will continue to shift higher costs from public programs (Medicare, etc.) to private sponsors.

Fortunately, we’ve been preparing our clients for all of the various ACA related regulations, with an emphasis on the new reporting requirements which will be quite cumbersome. New taxes and penalties are increasing plan sponsors’ interests in alternately funding their plans in order to mitigate cost trends inherent to fully insured contracts.

► **How have narrow networks changed the landscape of health care in Orange County?**

Lawrence M. Brown, Chapman University School of Pharmacy: Narrow based networks are an understandably attractive option for many employers since they have the potential for saving money in the short-term. The historic challenge with narrow based networks has been member complaints about having to change providers to an in-network provider, and the limited options of specialty providers. The key for employers will be to keep a close eye on member complaints, since dissatisfaction may lead employees to not seek care when it is needed. Although this may reduce costs for the employer in the short-term, the cost of care can be much higher once the employee has no choice but to come in for care. Dissatisfaction with narrow networks can also lead to the use of urgent care or emergency departments as the usual source of care, if employees feel that the burden of finding an in-network provider is too onerous.

► **As a result of more people being insured under the Affordable Care Act, many hospital emergency departments are seeing overcrowding. How are medical centers addressing this issue?**

Terry A. Belmont, UC Irvine Medical Center: At UC Irvine Health, we have changed the way we triage patients upon arrival to our emergency department, and now schedule more physicians and providers during peak hours. Additionally, we are opening a 20-bay emergency observation unit which will allow us to more efficiently (and comfortably) treat patients requiring ongoing observation, but not an inpatient admission. For patients who can be safely treated in an outpatient care setting, we offer same-day appointments in select locations. Walk-in patients can be seen at our new community-based urgent care location in Tustin—with two additional urgent care sites open later this year in Orange and Irvine.

Mark E. Costa, Kaiser Permanente Orange County: Unfortunately, the use of emergency

rooms has been a primary access point for health care for some in the past, especially for those who have been uninsured. Individuals who have become insured through recent health care reform may tend to continue their use of the emergency room for non-emergent care until they fully understand their new options. All medical centers and health plans now have the opportunity to fully educate the newly insured on the available sites of care. By optimally accessing the full continuum of services, individuals will not only improve the affordability of care, but will also improve their access and quality of service as well.

Richard Afable, St. Joseph Hoag Health:

Overcrowded emergency rooms was an issue long before health care reform. There are many factors to address, not only because crowded ERs impact the patient experience, but also because we want to ensure our community’s sickest get the timely care they need. First, health care providers must establish alternate venues to access for non life-threatening immediate care, such as the urgent care centers, after-hours locations and nurse advice lines that we have set up in the St. Joseph Hoag Health network. Second, we need to continue education on how and when to use these services, as well as when to call the primary care physician that we hope people have chosen as part of their health care team. And, above all, every health care provider must focus more on preventive care and education on healthy lifestyle choices. This alone will reduce the number of emergency room visits for chronic conditions and ultimately enhance everyone’s well-being.

► **Many healthcare entities that were once market competitors are affiliating under the Affordable Care Act. How effective are these partnerships, and what do they mean to patients in Orange County? What kinds of partnerships are you involved in and why?**

Barry Arbuckle, MemorialCare Health System: MemorialCare’s innovative, strategic partnerships with leading providers are transforming healthcare, increasing outpatient offerings, creating efficiencies, broadening population health and strengthening our comprehensive, integrated delivery system to benefit local communities. Flourishing partnerships offer exceptional clinical quality and patient experiences while containing costs. With UC Irvine Health, new primary care health centers relieve physician shortages and improve access to care. Vivity’s unprecedented partnership with Anthem Blue Cross and other top integrated health systems improves health and reduces cost. Our Summation Health Ventures’ partnership with Cedars Sinai gives staff and patients access to the latest healthcare advances and entrepreneurs accelerated product development and refinement. Partnerships with physicians and other providers add more physicians’ practices, outpatient surgery, imaging and urgent care centers. Population health initiatives with health plans and patients reduce readmissions and better manage chronic conditions. Affiliations with Miller Children’s & Women’s Hospital improve local connections to highly specialized pediatric physicians. Academic

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“St. Joseph Health and Hoag’s partnership was of interest to many in Southern California. It wasn’t solely inspired by the Affordable Care Act, but was more the result of a genuine desire to make health care better in terms of quality, cost and access.”

– Richard Afable, M.D.
Chief Executive Officer
St. Joseph Hoag Health

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partnerships increase availability of highly trained physicians, nurses and other clinicians.

Kimberly C. Cripe, CHOC Children’s: I believe effective healthcare partnerships share a few important characteristics: aligned missions and values, a common vision for the partnership and a commitment to collaboration that results in better care for patients. Beyond these essential principles, the partners also must be resolute in making the partnership work when the inevitable obstacles of internal politics, differences in organizational cultures and misaligned individual agendas present themselves. As an organization exclusively focused on children, adolescents and young adults, CHOC looks for partnerships in which there is a shared commitment to children’s health and a recognition that CHOC and our affiliated physicians have the expertise, experience and excellence to lead in advancing the wellness and care of our community’s children. Together with partners including UC Irvine, St. Joseph Hoag Health and Rady Children’s Hospital, we are continually innovating in the areas of pediatric medical education, research, medical care and population health.

Richard Afable, St. Joseph Hoag Health: Of course, St. Joseph Health and Hoag’s partnership was of interest to many in Southern California. It wasn’t solely inspired by the Affordable Care Act, but was more the result of a genuine desire to make health care better in terms of quality, cost and access. We were two organizations with similar visions, but we were pursuing parallel paths. When we began envisioning our affiliation, it became clear that what we could do together was significantly more than what we could accomplish alone. To date, we are achieving what we set out to do, especially in providing local employers with innovative and affordable options for their employees. And, what’s especially interesting is that our partnership inspired others to participate, including Children’s Hospital of Orange County (CHOC). When you open the door to new partners, you really do invite more innovative thinking and collaborative approaches to addressing the essential issues of today’s health care.

Terry A. Belmont, UC Irvine Medical Center: These partnerships are usually very effective because they leverage the expertise and strength of each institution—whether that is a geographic network, certain core competencies or a specialty niche. Sharing key assets is also an important cost-saving measure, versus recreating or expensively building new services. These affiliations prevent duplication and ultimately reduce the cost of care. We have entered into formal affiliations with large health systems and hospitals in Orange County and the Inland Empire—creating high-quality, cost-effective health care and new, innovative models of care that improve the health and well-being of our respective communities.

► **Improving health care quality and increasing the value of health care while reducing costs appears to be job one in the industry. What steps has your organization and others taken to ensure these activities remain at the forefront of efforts? How important will value be in the decisions of OC businesses when they choose health plans and provider networks?**

Bart Asner, Monarch HealthCare: Monarch embraces the Triple Aim of today’s health care landscape: **improving the health of the population, enhancing the experience and outcomes of the patient and reducing cost of care.** With the increase in individuals with insurance, the baby boomers aging into Medicare and with the unsustainable trend in health care costs, Monarch has a laser focus on providing value to health plans, employers and patients in the form of higher quality care at lower cost. While there is much talk about “big data” in health care, Monarch drills down on small data to analyze the health of our 250,000 patients to determine the best course of treatment for those individuals. We have case management nurses, pharmacists and social workers to assist patients with chronic illness in collaboration with their physicians. As OC businesses continue to experience rising health care costs, they will choose high-performing physician networks for their employees that embrace the concept of “value”—improved outcomes and lower costs.

Kimberly C. Cripe, CHOC Children’s: Among CHOC’s stated core values is “Accountability,” with the understanding that we hold ourselves responsible to be excellent stewards of the resources entrusted to us. We continually track, measure, evaluate, and report on quality and safety, patient experience and performance metrics at every level, from the boardroom to each individual hospital department. As a result, CHOC repeatedly has been named a *U.S. News and World Report* “Best Children’s Hospital” in several specialties (seven in 2014), and a Leapfrog “Top Children’s Hospital” (one of only nine in the U.S. in 2014). CHOC is ranked among the very best in both California and the U.S. in reducing the risk of hospital-acquired infections, with rates between 600% and 900% better than predicted versus peers. The future sustainability of health care demands that we invest medical resources wisely, and CHOC is committed to delivering consistent value as we set new standards of pediatric excellence.

Lawrence M. Brown, Chapman University School of Pharmacy: Our organization is firmly focused on the triple aim of improved quality, access and value. We are training the next generation of pharmacists who will be stepping in to help the health care system deliver on that promise. Our education program includes the necessary pharmacology, medicinal chemistry, and therapeutics knowledge and experience necessary for pharmacists to be part of the health care team that helps to optimize the medication therapy that patients with chronic conditions are on. Not only that, Chapman’s program also includes patient assessment, communication and team-building skills that will be critical to a pharmacist’s success when working in accountable care organizations, primary care medical home or care transition organization. Our graduates will have the knowledge and experience to determine if each medication is needed, the most effective, the most safe, and most convenient for the patient, and then make recommendations to the patient’s prescriber that will optimize the quality and value of the medication regimen.

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“Well before reform, MemorialCare was collaborating with our 14,000 physicians and employees to improve personal health, patient health and population health, ensuring the best value for our communities.”

– Barry Arbuckle, Ph.D.
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MemorialCare Health System

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Barry Arbuckle, MemorialCare Health

System: Well before reform, MemorialCare was collaborating with our 14,000 physicians and employees to improve personal health, patient health and population health, ensuring the best value for our communities. Decades ago, MemorialCare began our evolution as an integrated, high-value healthcare provider. In powerful combination, our physician-led approach to evidence-based medicine, fully integrated electronic medical records for hospitals, outpatient centers, physicians and patients, and prevention and wellness ensured rapid growth and integration. Bolstered by strong, pluralistic partnerships with top physicians and other providers, we’re driving continuous improvements while containing costs with top grades from rating agencies for financial leadership, strength, sustainability and smart strategies. Our overarching goal is improving value. For patients, healthcare value means improved health without escalating costs. For employers, it’s a healthier workforce with sustainable health coverage costs. For clinicians, it’s being part of a team moving the needle on population health. Our passion for creating value in healthcare means we will continue to grow, excel and succeed.

Mark E. Costa, Kaiser Permanente Orange

County: A healthier workforce is not only essential in enabling Orange County businesses to better manage their overall health benefit expenses, but also leads to a more productive workforce. Businesses should expect quality and affordability from their health plan and associated health care providers. Within our organization, our focus remains on “Improving the Total Health” of our Kaiser Permanente members. Specific efforts include greater focus on the care of those members who have chronic diseases, such as diabetes and chronic heart disease. By providing comprehensive support, we are seeing individuals make the necessary behavior changes that improve their quality of life and reduce their cost of care. This reflects the value of our integrated system. We are also working to ensure that members utilize our complete continuum of care to best meet their needs. This includes the ability to access care virtually through our Tele-Visit services, our Urgent Centers or in the physician offices. Through these efforts, enabled through the use of new technologies, we know the cost of care can be reduced, while at the same time providing the highest quality and service to our members.

► **Now that the health care exchange has been implemented, do you see it as a continued option for employers or are there other alternatives for employers to consider for providing health coverage for employees? What are the top three priorities facing employers who sponsor health care coverage?**

Thom Lewis, USI Southern California: Public exchanges continue to evolve and will be the market access point for small employers and individuals. Private exchanges offer similar

flexibility for larger employers seeking benefit plan options and consumer driven choices tailored to the needs of the plan’s participants.

The top three priorities facing plans sponsors include:

- Compliance with ACA regulations and reporting requirements, including the upcoming Cadillac Tax (2018)
- Utilizing data to drive decisions relative to funding techniques, plan design, carrier/network selection and care intervention
- Improving employee engagement in making effective decisions regarding their access to care, reducing health risks and targeting disease management, while becoming more informed consumers

► **Health and Human Services’ (HHS) new payment model news is shaking up the health care industry, but many OC providers have been ahead of the curve when it comes to value-based and alternative forms of reimbursement. How do you see this model changing in Orange County and how will it affect OC businesses?**

Bart Asner, Monarch HealthCare: Health and Human Services has set as a goal that by 2018, 50% of payments for Medicare services will be tied to “alternative payment models.” The arcane and broken “fee for service” system in which doctors are paid more for doing more, is moving to “fee for value” in which physicians will be paid for keeping patients healthy and achieving superior patient outcomes. Monarch and its physicians, as a founding philosophy, have been receiving “fee for value” payments rewarding us for keeping patients healthy for over 20 years, and the beneficiaries of improved quality and lower cost have been patients, employers and the government.

Lawrence M. Brown, Chapman University School of Pharmacy: HHS has made it clear that quality and value are the new focus areas in the goal of improving patient health. What is implied, but not specifically stated, is that providers of care will have to not only do what they currently do, but do it better. They will also have to do some things differently if they want to meet these goals and recoup all of the Medicare payments. I believe that Orange County providers have a great opportunity to start to embed pharmacists in their practices, medical groups and ACOs for the purpose of having pharmacists focus on improving medication-related outcomes, and decreasing medication-related adverse events and medication-related hospitalizations. There are already some ACOs in Orange County who have been ahead of the curve for some time now, and have greatly benefited from pharmacists being part of the health care team. If we do it right, Orange County could become the nation’s leader in embedded pharmacists that lead to the highest health outcomes and improved quality. Sure, physicians could go about trying to maximize patient outcomes all on their own, but why should they have to. The improved outcomes revenue of having a pharmacist embedded as a member of the team will more than make up for the cost.

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“Kaiser Permanente prides itself in using various analytical metrics to continue our efforts to transform the health care delivery model. The use of technology is now enabling us to identify opportunities to better meet the needs of those we serve.”

– Mark E. Costa
Executive Director
Kaiser Permanente Orange County

► **There are so many consumer rating systems out there, as well as health care industry and hospital rating systems. It's still interesting how these ratings systems often come up with such vastly different grades. What is your advice to the consumer or employer who really wants to know what's best?**

Mark E. Costa, Kaiser Permanente Orange County: My advice to consumers and employers is to do their research. There are numerous trusted sites that focus strictly on health outcomes and delivery. Kaiser Permanente has been very fortunate in that we have been recognized by some of the nation's leading organizations for our health outcomes, overall quality and patient safety. Two of these organizations include The Leapfrog Group, as well as the California Office of the Patient Advocate. Every year, these third party groups, in addition to others, rank hospitals and health plans on various outcomes that are critical to an individual's overall health. Additionally, Kaiser Permanente has been honored by other third party organizations such as *U.S. News & World Report*, Women's Certified and the Leapfrog Group for our outstanding quality and safety. This is something I am very proud of.

► **There seems to be a great deal of focus on analytics and health care information technology and how they are reshaping health care today and in the future. How is your organization integrating analytics, health information technology and big data? What are the current and future benefits? How do we move forward to ensure the best possible use of data?**

Mark E. Costa, Kaiser Permanente Orange County: Kaiser Permanente has been on the forefront of innovation since our inception 70 years ago. One example of this is the importance we have placed on our integrated electronic medical record, HealthConnect™. HealthConnect was created to support physicians in delivering evidence-based medicine, aligned with our mission to deliver the highest quality care to our patients. Kaiser Permanente prides itself in using various analytical metrics to continue our efforts to transform the health care delivery model. The use of technology is now enabling us to identify opportunities to better meet the needs of those we serve. Additionally, today's technology provides us sophisticated tools to analyze population data, proactively identify patients in need of intervention, and better promote collaboration between patients and professionals to improve health. I believe that we owe this to our patients. The bottom line is that using health care data more effectively will help us to individualize how we treat patients and help to personalize the way they interact with us now and well into the future.

Thom Lewis, USI Southern California: Data is the great differentiator of our time. Carriers have historically retained data as a means of protecting their competitive positions; however, evolving tools now enable plan sponsors to have access to their data allowing great cost transparency in their decision-making processes. Employers should expect their advisors to analyze experience/utilization reports and access

data warehouses allowing for benchmarking of their populations, and identifying risks while targeting solutions to mitigate current cost trends and future liabilities. Larger employers and self-funded accounts will continue to utilize data in identifying cost drivers, population health risks and embedded expenses, which can be reduced substantially. Any plan sponsor who is not taking advantage of today's data-rich environment will do so at a considerable competitive disadvantage versus those who do.

Kimberly C. Cripe, CHOC Children's: Electronic health records (EHRs) are transforming healthcare. Clinical decisions are supported by computer programs designed to prevent errors, reduce variability of care and improve quality. CHOC has a fully developed EHR and was recently recognized by the Healthcare Information Management Systems Society (HIMSS) with EHR Stage 7 Certification—the highest award possible, attained by less than 4% of hospitals nationwide. We've seen significant improvement in patient outcomes and reduction of medication errors and hospital-acquired infections as we standardize and integrate recognized best practices. In the future, we will have even more powerful tools to keep patients healthy, rather than focusing on episodes of illness. We will collect the right data and learn how to better aggregate and interpret it to improve quality and care, and we will devote substantial resources to optimize the protection of patient data through state-of-the-art security technology and continual monitoring against threats and vulnerabilities.

► **Advances in medicine and technology, market forces, an emphasis on wellness and health reform are moving patients out of the hospital into outpatient and community settings. How is your organization addressing these trends?**

Richard Afable, St. Joseph Hoag Health: At St. Joseph Hoag Health, we understand that health care is a continuum of services, including outstanding acute care hospitals, as well as medical offices, urgent care centers and other points of access that meet people's health care needs. Among our most recent additions to this continuum are Wellness Corners in residential and business complexes. These new centers help people make health and disease prevention part of their everyday lives. We make medical care readily accessible, as well as fitness, nutritional and other well-being support. Years ago, these types of centers weren't expected to be part a health care system. Now, we have several corporate partners and many participants who are very excited about this newest addition to the continuum of our services and see it as indispensable to their health and well-being.

Barry Arbuckle, MemorialCare Health System: MemorialCare is strongly positioned to continue our movement over the last decades from traditional models of hospital care to truly integrated care. Our strategic focus on expanding our integrated system covers the entire care continuum—wellness, prevention, diagnosis, treatment and rehabilitation—keeping people healthy and caring for them in the most effective setting—often in high quality, lower cost

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“The hospital is the highest cost setting for providing care. Where appropriate, Monarch has provided lower cost alternatives with excellent quality and outcomes.”

— *Bart Asner, M.D.*
Chief Executive Officer
Monarch HealthCare

outpatient facilities. MemorialCare has 200+ care sites—six hospitals; physician practices; and ambulatory surgery, imaging and urgent care centers located throughout the region to supplement inpatient services. Thanks to technological advances, many surgical patients who spent days in hospitals now receive safe, high quality care in outpatient centers at a more affordable cost. Primary care practices transforming into patient-centered medical homes with physicians supported by nurse practitioners, social workers and pharmacists improve care coordination and affordability. And we’re sharing employee wellness and disease management services with other employers aiming to achieve the same gains in wellness and engagement as MemorialCare.

Terry A. Belmont, UC Irvine Medical Center: UC Irvine Health has quickly responded to these changes brought on by health care reform by building lower cost and convenient care locations across Orange County. We’ve opened the doors to urgent care centers with on-site diagnostic services—offering the community rapid access to care.

As an academic medical center, our experts are at the forefront of the latest in technology and medicine—like using Google Glass to research and improve physician communication. Across our services, we utilize integrated medical records and online access through our patient portals. We are continuing to expand into the community and across county lines, to bring primary, specialty and urgent care services to areas where it is needed most.

Bart Asner, Monarch HealthCare: The hospital is the highest cost setting for providing care. Where appropriate, Monarch has provided lower cost alternatives with excellent quality and outcomes. Many procedures formerly done in hospitals can be performed in an ambulatory surgery center at lower cost, with patients returning home the same day. If an MRI or CT can be provided in an outpatient setting at a lower cost, that is best for all parties concerned. Many services that, in the past, required hospitalization can now be provided in a skilled nursing facility, a physician’s office or at home. When patients get the right care at the right time in the right setting, everyone wins!

Mark E. Costa, Kaiser Permanente Orange County: Through our Integrated Health Care System, Kaiser Permanente continues its long-standing commitment to Wellness and Prevention. We continue to focus energies around early intervention, health education, and the provision of tools and support that help our members stay healthy, or return to health, in the most appropriate setting. And it is important to note that needed care can almost always be provided outside of the traditional hospital setting. New technology tools including *KP.org* and our Tele-Visit portal, are enhancing timely communication between members and care providers, many times not requiring any visit to an actual physical site. We are also placing increased emphasis in helping our members connect with community resources that can support their unique needs. All of these efforts are helping our members take more control of their health in a more timely, convenient and cost-effective manner.

► **Over the past few years, it seems like we have been focusing on what is wrong with the health care system. On the flip side, what progress do you see as having been done well over the past five years?**

Lawrence M. Brown, Chapman University School of Pharmacy: There have been tremendous improvements in the health care system over the past five years. Physician’s leadership in ACOs, PCMHs and other entities have shifted the focus to more preventive care, and has led to better outcomes. Pharmacists’ involvement in providing flu and pneumococcal shots and providing medication therapy management services for the Medicare Part D population, has accounted for substantial benefits to individual patients and society as a whole. Also, pharmacist-provided medication management (optimization) services as part of care transition organizations has had an impact on not only improving patient health, but on decreasing 30-day re-hospitalization rates. And, as more and more pharmacists around the nation are hired on to work as a member of the team in ACOs, PCMHs and Medical Groups, the benefit to the patients, the physicians and the health care system continue to increase.

Bart Asner, Monarch HealthCare: There is much that is right with the healthcare system in Orange County. Monarch patients have benefited from coordinated, integrated care wherein primary care and specialty physicians work collaboratively with the assistance of pharmacists, nurses and social workers to meet the complex medical and social needs of our patients. We optimize the transitions of care for patients from the hospital setting to home, making certain they understand their discharge instructions, prescriptions and follow up with their physicians. With highly coordinated medical care, we have become a model of care that the rest of the country is striving to emulate.

Barry Arbuckle, MemorialCare Health System: In partnership with our extraordinary physicians, nurses and staff, MemorialCare is continually improving the health and wellness of entire communities, delivering extraordinary patient-centered care and service, and driving continuous improvements. A generation ago, hospitals were straightforward. We cared for the sick; we saved lives. Now MemorialCare’s mission as a comprehensive community resource is moving from sickness to wellness. We’re measuring health not only by success in treating patients and helping them manage chronic disease, but community well-being. We’re integrating medical advances changing the course of human disease with technological innovations and discoveries, dramatic improvements, leaps forward in quality and safety and more engagement of patients in their care. We’re helping employers focus on the health of their workforce and health plans in their members’ well-being. We’re part of an era that focuses on attaining and sustaining a lifetime of health that will prevent and/or lessen the impact of disease and increase the length and quality of life.

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Myth:

A high fever starts at 100.4 degrees.



Truth:

A bigger concern is how long it lasts.

By itself, fever is not an illness. Rather, it is a sign or symptom of sickness. In fact, usually it is a positive sign that the body is fighting infection. If your child's fever is over 104°, is combined with other symptoms or lasts for more than 3 days, you need to contact your child's health care provider. They may decide your child needs to be seen at the CHOC Emergency Department. As the only pediatric ED in Orange County, we are specially equipped for the needs of children and their families.

Get the knowledge you need about treating fevers at choc.org/health



 **CHOC** Children's
together the future's bright

HEALTH CARE ROUNDTABLE



“Building on the basic principles of successful partnerships, CHOC believes it’s essential that we *listen* to our physician partners and *engage them* in the process of transforming healthcare.”

– Kimberly C. Cripe
President & Chief Executive Officer
CHOC Children’s

Richard Afable, St. Joseph Hoag Health: The last five years have been some of the most significant and productive in U.S. health care, which will impact generations to come. Already, our focus on population health has shown marked results in helping prevent illness and manage chronic disease. We’ve also made disease prevention an imperative. At our organization, this has meant innovative pursuits such as our Wellness Corners, which focus on more holistic services for our population’s well-being. And we have seen monumental changes in technology and data management. We can respond to health care needs more quickly and confidently because we have tools that weren’t available even half a decade ago. All of these advancements mean challenges which previously seemed overwhelming now have clear solutions. It’s a great time to be on the cusp of a new age of health care.

► **The success of every health system in California ultimately rests on its relationship with physician partners. What can be done to strengthen that partnership? What does the next generation of physicians want for their professional lives and how can we help them deliver care better care in the future?**

Kimberly C. Cripe, CHOC Children’s: Building on the basic principles of successful partnerships, CHOC believes it’s essential that we *listen* to our physician partners and *engage them* in the process of transforming healthcare. We also must support specific innovations in technology, training and infrastructure to help our physicians advance the practice of medicine, and broaden CHOC’s reach to support community pediatricians in preventive care rather than becoming engaged only when children become sick or injured. The next generation of physicians is interested in work-life balance and relies heavily on technology. Innovations such as e-visits, telemedicine, and other virtual visits will enhance work-life balance and improve access to care regardless of the day of the week or time of day. Future physicians also face increased regulation and rising demands for non-clinical accountability. We can work with our physician partners to ease this burden and enhance the time they can spend with patients.

Barry Arbuckle, MemorialCare Health System: At the heart and soul of MemorialCare, our close, highly productive physician relationships give us the strategic leverage necessary in this rapidly changing healthcare world. Critical to our broad ranging, pluralistic partnership approach is our commitment to offer physicians affiliation choices that best meet their needs and interests. These include employment opportunities with MemorialCare Medical Group, IPA affiliation through Greater Newport Physicians, partnerships with independent physicians and groups, joint ventures and participation in our Physician Leadership Academy. Our physicians had the foresight years ago to create MemorialCare’s Physician Society, where continuous development and refinement of best practice teams covering scores of medical conditions ensure superior clinical outcomes. With 1,900 physician members, the Society drives MemorialCare’s clinical standards and performance, technological innovations, care coordination inside and outside the hospital, physician leadership and other

programs. And our annual training of more than 2,000 of the next generation of physicians, nurses and other clinicians ensure a bright future for health and healthcare.

Terry A. Belmont, UC Irvine Medical Center: Our physicians, and physician partners, desire stronger communication. Our faculty and community physicians want to partner in the care of shared patients across the continuum. As Orange County’s only academic medical center, we are training tomorrow’s physicians to communicate with, and treat patients through the latest technology and advances. It is clear that the next generation of physicians wants values-based care and a quality of life. They also expect more direct time with patients, without the administrative burden of the paperwork involved. With current and future physician partners—communication and technology are key as institutions work with providers to provide high-quality, safe patient care.

Richard Afable, St. Joseph Hoag Health: As both a physician and a health system executive, I can relate personally to this question. Ultimately, we both want to provide quality care for our patients and our communities. With this in mind, we must continue to develop highly effective partnerships because, as collaborative partners, we know that we are much more effective in achieving our shared goals. That’s why, whenever our health system looks at our future strategies, we have doctors at the table. And we work hard to maintain open communication with all of our physicians. This partnership of mutual respect and shared goals will be even more integral as health care continues to change and evolve.

Lawrence M. Brown, Chapman University School of Pharmacy: Physicians are, without a doubt, the most important member of the health care team. But today’s health care system is requiring them to do more with less, and is reducing the enjoyment they receive from doing something they care so much about, which is caring for patients. Businesses need to remember that health care is not just a job for physicians; it is a passion and a calling. They want what is best for their patients. They would prefer their patients not suffer from preventable drug-related morbidity and mortality, or any other harm. But physicians can only do so much. They have a tremendous amount of responsibility on their shoulders because there is so much that only they can do. So, it is important for businesses to provide that support and understanding, and for other health care providers to pitch in and help do those things that they can do to take some of the workload off of physicians. This would give physicians more time to focus on those things that they do best and that only they can do, while allowing other health care professionals to help physicians provide the best care possible to their patients.

Bart Asner, Monarch HealthCare: The healthcare system can be successfully transformed with the support and commitment of physicians. Monarch (and its physician partners), hospitals and health plans are collaborating in creative ways to improve care and reduce cost by putting the responsibility and accountability for the

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HEALTH CARE ROUNDTABLE



“As a designated Ebola treatment center, reviewed by the Centers for Disease Control, UC Irvine Health has a responsibility to be at the forefront of the crisis.”

– Terry A. Belmont
Chief Executive Officer
UC Irvine Medical Center

cost and quality of care in the hands of physicians. The next generation of physicians want to provide the best care for their patients, while achieving personal work-life balance. By minimizing their administrative burden, and supporting physicians with a team of healthcare professionals (nurses, physician assistants, pharmacists, social workers) to complement their efforts, we will achieve physician satisfaction and superior patient outcomes.

► **The media has called attention to the widespread lack of acute psychiatric care in Orange County. What is your organization doing to address the critical issue of availability of psychiatric observation beds?**

Kimberly C. Cripe, CHOC Children’s: Parents tell us every day about poor access to mental health services for children, and we see mounting numbers of children in our ER in mental health crisis. Last July, with Pastor Rick and Kay Warren of Saddleback Church, CHOC convened health care, religious and media leaders who formed the O.C. Pediatric Mental Health System of Care Task Force. Our needs assessment revealed that there are no inpatient mental health beds for children under 12 in Orange County, and the number of beds for adolescents is completely inadequate. CHOC’s board recently voted to proceed with planning of an inpatient mental health program for children under 12 and teens. CHOC is also expanding outpatient services for children, including those who have complex medical conditions combined with mental health needs.

Children with conditions like asthma and diabetes are 2-5 times more likely to have mental health challenges, and there are very few services to help them.

► **How have the public health crises of the past year (i.e., Ebola, measles) changed the way that hospitals and providers prepare to care for these patients, while protecting the community?**

Terry A. Belmont, UC Irvine Medical Center: As a designated Ebola treatment center, reviewed by the Centers for Disease Control, UC Irvine Health has a responsibility to be at the forefront of the crisis. Our specialists serve as physician leaders on a national level, publishing articles and guidelines before there were any established. At a local level, we serve as the network hub for the hospitals and clinics of Orange and Riverside counties to accept those patients. The measles epidemic that began in Orange County, but spread rapidly throughout the country was a reminder of the importance of immunization. Our attention also turned—as it did with Ebola—to the best way to provide care for infected patients while safeguarding our patients and their families. These epidemics reminded us of the importance of close collaboration with Orange County Public Health, the California Department of Public Health, and the other medical centers and clinics of our area, as we prepare for epidemics or natural disasters that can occur at any time.

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