

HEALTH CARE ROUNDTABLE

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



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President & Chief Executive Officer
St. Joseph Hoag Health



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President & Chief Executive Officer
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Bart Asner, MD
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Monarch HealthCare



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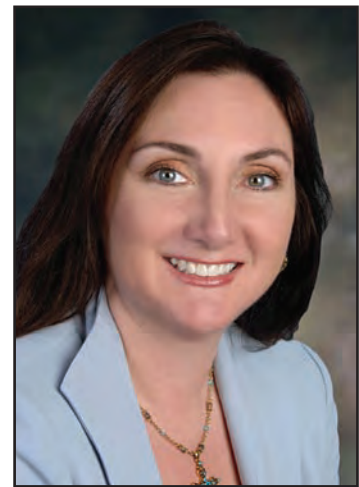
Howard Federoff, MD, PhD
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Michael Lawhead
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Dereesa Purtell Reid
Chief Executive Officer
Hoag Orthopedic Institute



**Suzanne Richards, RN, MBA,
FACHE**
Chief Executive Officer,
Healthcare Operations
KPC Health



The effects of the health care reform provisions are continuing to significantly impact the industry and 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 Doctor of Pharmacy class entered 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 delivers a three-year "accelerated" Pharm.D. degree, an MS in Pharmaceutical Sciences, and a Ph.D. in Pharmaceutical Sciences beginning fall 2016. The high-tech Rinker teaching and research labs provide a unique flipped classroom andragogy and world-class discovery experiences for every student.



Hoag Orthopedic Institute

Hoag Orthopedic Institute (HOI) is located in Orange County, Calif. It consists of a specialty hospital located in Irvine and two ambulatory surgery centers: Orthopedic Surgery Center of Orange County in Newport Beach and Main Street Specialty Surgery Center in Orange. HOI has more than 300 physicians on staff, including over 80 orthopedic specialists. HOI ranks in the 99th percentile for patients' likelihood to recommend the hospital and 98th percentile for overall hospital rating, according to Press Ganey's national database of hospitals. HOI focuses in the treatments of the knee, hip and spine disorders, and takes pride in specialty care related to sports medicine, orthopedic trauma and extremities care. Since opening in 2010, HOI's hospital has been named by U.S. News & World Report and Becker's Orthopedic, Spine & Pain Management Review as one of the top orthopedic hospitals in the nation. Most recently, HOI has been recognized by the Centers for Medicare & Medicaid Services (CMS) as one of 207 hospitals nationwide, and one of seven in California to earn the highest, five-star rating for patient experience. For more information, visit www.orthopedichospital.com.



Kaiser Permanente Orange County

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 4.2 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 528,000 members through a network of approximately 7,200 employees and 930 physicians. Visit www.kp.org/orangecounty.



KPC Health

KPC Health and its four award-winning Orange County acute care community hospitals operate on a long-standing tradition of serving families throughout the hospitals' surrounding communities. As the oldest hospital system in Orange County, KPC Health remains committed to providing high-quality, affordable health care that offers top-level specialty services from physicians, nurses and staff who have decades of experience in health care. KPC Health's hospitals, consisting of 755 inpatient beds, include Orange County Global Medical Center (Santa Ana), Anaheim Global Medical Center (Anaheim, near Disneyland), South Coast Global Medical Center (Santa Ana, near South Coast Plaza), and Chapman Global Medical Center (Orange). Its flagship hospital, Orange County Global Medical Center, is designated by the County of Orange as one of only two Level II Trauma Centers in the county and provides emergency, trauma and burn treatment services for more than 20,000 patients per year.



MemorialCare Health System

MemorialCare Health System, a nonprofit Southern California integrated delivery system and pioneer in evidence-based medicine, has more than 200 care sites; 15,000 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; MemorialCare Medical Group; Greater Newport Physicians (GNP); Seaside Health Plan; ambulatory surgery centers; and imaging, outpatient, kidney dialysis and urgent care facilities. MemorialCare's many honors and recognition for its health care organizations include Best U.S. Health Care Systems, Best Places to Work, 10 Largest U.S. Children's Hospitals, Top 50 U.S. Hospitals, Straight A Hospital Safety Scores, Top 50 U.S. Cardiovascular Hospitals and more. To learn more, visit www.memorialcare.org.



Monarch HealthCare

Monarch HealthCare, a part of OptumCare, is an Independent Practice Association (IPA) caring for patients since 1994. Monarch is a leading health care delivery organization that is reinventing health care to keep everyone healthier and feeling their best. This is done through a select network of providers who have the tools and technology to provide care that meets patients' needs. 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 health care 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). In 2017, it will be a Next Generation ACO. These programs provide care coordination for traditional Medicare patients. For more information about Monarch, please visit www.monarchhealthcare.com.



St. Joseph Hoag Health

St. Joseph Hoag Health (SJHH) is a historic alliance of some of the most trusted names in Orange County health care. Brought together by a vision to make our communities among America's healthiest, SJHH has also earned some of health care's highest honors, including Magnet designation for its hospitals (the highest honor bestowed to hospitals for nursing excellence). The expansive 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 CHOC Children's and CHOC Children's at Mission Hospital.



Stradling Yocca Carlson & Rauth

Stradling Yocca Carlson & Rauth (Stradling) is a premier business law firm with over 130 attorneys in ten offices across California, Colorado, Nevada and Washington. Stradling represents companies and other entities which seek a sophisticated law firm with experienced counsel to guide critical transactions and disputes. Originally founded in 1975 to represent Southern California's most innovative emerging growth companies, Stradling is known today as a leading full-service business law firm representing high growth and established organizations across a wide range of industries. The firm has built its practice around its clients' core needs. Stradling's size, structure and culture allow it to provide big-firm representation with small-firm flexibility and responsiveness. Today, Stradling serves established and emerging companies, municipalities and global organizations using that very premise.



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, and behavioral health and rehabilitation services. U.S. News & World Report has listed it among America's Best Hospitals for 15 consecutive years. UC Irvine Medical Center is home to 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 it is the primary teaching hospital for the 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.



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Developing strong relationships with physicians in our region is a critical element of recruiting exceptional talent and maintaining high-quality care for our patients.

Suzanne Richards, RN, MBA, FACHE
Chief Executive Officer,
Healthcare Operations
KPC Health



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When St. Joseph Health and Hoag envisioned our affiliation in 2013, it became clear that we could do significantly more together than alone.

Richard Afable, MD
President & Chief Executive Officer
St. Joseph Hoag Health

► For 2015 and 2016, there were many mergers and partnerships of health care entities, both nationally in the form of health plans and locally in the form of health care systems and providers. How have these mergers affected Orange County's health care system? How effective are these partnerships, and what do they mean to patients? What partnerships are you involved with and what was the main driver in creating these relationships?

Barry Arbuckle, PhD, MemorialCare Health System: MemorialCare's strategic partnerships transform healthcare, increase outpatient offerings, create efficiencies, broaden population health and strengthen our comprehensive, integrated delivery system to benefit communities. With UCI Health, new primary care health centers relieve physician shortages and increase access to care. Vivity's unprecedented partnership with Anthem, MemorialCare and other top health systems improves health and reduces cost. Summation Health Ventures' partnership with Cedars Sinai gives staff and patients access to healthcare advances and entrepreneurs accelerated product development and refinement. Partnerships with physicians and other providers result in sizable ambulatory services growth, adding physicians' practices, and outpatient surgery, imaging, digestive health, dialysis and urgent care centers. Population health initiatives with health plans and patients reduce readmissions and help better manage chronic conditions. Affiliations with Miller Children's & Women's Hospital improve accessibility to highly specialized pediatric physicians. Academic partnerships increase availability of highly trained physicians, nurses and other clinicians.

Howard Federoff, MD, PhD, UCI Health: As Orange County's only academic medical center, we have relationships with, and receive patients from nearly all OC hospitals. We've seen a substantial amount of consolidation, principally driven by the need to provide an optimal patient experience and to lower per capita cost. From our perspective, we see these mergers as more effective competition. As we consider future partnerships, we will make clear decisions that lay at the intersection of strategy and geography. As such, we've identified several new opportunities that will allow us to deliver high-value care in the inpatient and outpatient environment. Our Tustin and Orange Medical Group offices, and Newport imaging center are just a few examples of recent affiliations and acquisitions.

Richard Afable, MD, St. Joseph Hoag Health: As providers, we must continually strive to improve health care quality, cost and access. A reasonable approach is to seek like-minded partners to join in the effort. When St. Joseph Health and Hoag envisioned our affiliation in 2013, it became clear that we could do significantly more together than alone. Since coming together, our partnership has inspired others to participate, including CHOC. Additionally, we've developed partnerships with insurance plans, introducing cost-effective products unique to the marketplace. Recently,

our health system announced plans to come together with Providence Health & Services to serve seven states in the Western U.S. This combined organization is another example of how we become better together. As a combined organization, we will enhance our abilities in terms of clinical care, health care innovation, expanded access and outreach. When you seek the right partners, you invite more exciting approaches to improving care and making the community healthier.

► Collaboration with physicians is critical to ensuring excellence in health care and organizational success. How are you building, maintaining and sustaining relationships with physicians?

Bart Asner, MD, Monarch HealthCare: Physicians are the heart and soul of a successful health care system. Monarch supports our physicians to complement their care of patients with a team of nurses, pharmacists, social workers and care coordinators, as well as technology resources, to ensure excellence in health care. At Monarch, we engage our physicians through collaborative efforts to ensure that patients receive the right care at the right time in the right setting. We provide education, patient information and leadership training to physicians in our network. Monarch and its physicians are true partners in these efforts, and our patients are the beneficiaries.

Richard Afable, MD, St. Joseph Hoag Health: As both a physician and a health system executive, I am especially aware of the importance of collaborating with physicians. Ultimately, we both want to provide quality care for our patients and our communities. With this in mind, we must work together to develop highly effective partnerships. At St. Joseph Hoag Health, a few examples of our collaborative work include efforts to enhance the patient experience, help those with chronic disease better manage their conditions, ensure more widespread disease prevention, and keep patients and doctors connected through technology. Additionally, whenever our health system looks at our future strategies, we have doctors at the table. And we always ensure 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.

Suzanne Richards, RN, MBA, FACHE, KPC Health: Developing strong relationships with physicians in our region is a critical element of recruiting exceptional talent and maintaining high-quality care for our patients. Having some of the finest physicians in the country on our medical staff enables our four Orange County medical centers to provide advanced treatment and offer a multitude of specialty care services. Following our week-long annual Doctors Day celebration, we look forward to continuing our health system's quarterly physician networking receptions, highlight physician accolades throughout the year, and promoting our physician experts on various topics through local and national media. These are just some

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The use of data by Kaiser Permanente physicians and staff has been a part of our quality improvement and care processes for many years. Our well-recognized Health Medical Record system, which includes data associated with care provided in both inpatient and ambulatory settings, assures that care is coordinated to meet the exact needs of each patient.

Mark E. Costa
Senior Vice President & Area Manager
Kaiser Permanente Orange County



of the ways we are working to expand our internal referral network encouraging physicians to remain within our system of hospitals, surgery centers and outpatient clinics.

Barry Arbuckle, PhD, MemorialCare Health System: MemorialCare's physician relationships give us the significant strategic leverage necessary in the changing healthcare environment. Our physicians develop and champion critical initiatives. Their partnerships with us are key to delivering clinical excellence. Critical to our broad ranging, pluralistic physician partnership approach is our commitment to offer physicians affiliation choices best meeting their needs and interests, and attracting the best and brightest to our team. The pillars of MemorialCare Medical Foundation—MemorialCare Medical Group employment model and Greater Newport Physicians (GNP) IPA—continue their substantial growth, providing hundreds of thousands of patients choices of over 350 primary care physicians and 2,200 specialists. Throughout Orange County, we're opening primary care and specialty sites, ambulatory surgery and imaging centers, many with physician partners like GNP and Monarch HealthCare. The 2,000-member MemorialCare Physician Society drives best practices, clinical standards, performance, technological innovations and care coordination inside and outside the hospitals. Our Physician Leadership Academy helps promote greater efficiencies and seamlessness.

► **One of the trends predicted by pundits for 2016 and beyond is the "consumerization" of health care technology, such as Fitbits or apps that make your mobile technology part of your health care platform. How is this new consumer-oriented technology impacting health care? Does this affect the way health care providers monitor or connect through technology with their patients?**

Howard Federoff, MD, PhD, UCI Health: The historical health care environment was one in which patients sought experts to provide knowledge that was relevant to improve their clinical condition. Now, we're empowering patients to be collaborators in their own healthcare. The advent of technologies – whether they be wearables or implantables – will allow us to increasingly aggregate those other data elements along with that which reside within the electronic medical record to have a better and more precise understanding of each individual as part of our healthcare system. We are in current conversations with a variety of technology entities that will allow us to utilize the best technologies and leap over what might be more conventional approaches to population health.

► **Data, both big and small, seems to be the driver of many of today's health care decisions, from improving ways to treat the chronically ill to preventive health care modeling and more, such as measuring outcomes and performance. How is your organization using data to improve efficiencies, quality and health care cost reductions?**

Dereesa Purtell Reid, Hoag Orthopedic Institute: Data drives behavior at the hospital

level, and we can make decisions big and small that make a difference in improved patient care, outcomes and efficiencies in real time. No one wants to be an outlier, given today's transparent health care landscape. At Hoag Orthopedic Institute, data is part of our DNA; our physicians, nurses and other staff members use data to make better decisions every day. For example, our physicians and our employees use data to monitor patient satisfaction, quality, and cost for every procedure we do. We put the patient at the center of the data platform and we work to improve every step of patient care based on the data we collect. For example, hand-washing hygiene is one of the most important factors in infection control. Therefore, we monitor and measure compliance with everyone – every day and every time – using data to ensure patient safety.

Mark E. Costa, Kaiser Permanente Orange County: The use of data by Kaiser Permanente physicians and staff has been a part of our quality improvement and care processes for many years. Our well-recognized Health Medical Record system, which includes data associated with care provided in both inpatient and ambulatory settings, assures that care is coordinated to meet the exact needs of each patient. We call this "personalized care." Data helps in many others ways as well. Big data helps us learn how to best meet the varying needs of our members. This may relate to the unique needs of members associated with cultural differences or with members who have different levels of chronic disease. With today's challenge to provide the most cost-effective and appropriate care to patients, we do use our data to understand the relationship between the cost and quality of care. Many opportunities continue to be identified by our Kaiser Permanente physicians where quality can be improved and costs actually reduced. This can relate to patients undergoing complex surgical procedures or patients challenged by chronic illnesses. These improvements are good for our patients and enable Kaiser Permanente to provide affordable health benefit coverage. Having one of the largest health-related databases in the world, Kaiser Permanente is in a unique position to use the power of technology and data to provide the safest and most personalized care.

Bart Asner, MD, Monarch HealthCare: To provide quality care at an affordable cost, we utilize data and analytics to inform our team of health care professionals who implement the needed care. At Monarch, we offer our physicians a comprehensive view of their patients' care, enabling them to understand which physicians they have seen, what medications they have been prescribed, and any emergency room visits, so that the care can be truly coordinated. Our physicians are given an electronic summary describing quality gaps in care for their patients, such as not receiving immunizations, mammograms or colonoscopies. Monarch employs complex data analytics to understand which of our patients are most in need of our comprehensive services, such as care management nurses, pharmacists, social

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HEALTH CARE ROUNDTABLE



The health care landscape for innovation is so incredibly rich. Some things we'll be doing in a few years hence are not even imaginable today. Most of the focus of health care is delivering the best patient quality experience, including how we intersect with a patient to make sure there's full continuity of information.

Howard Federoff, MD, PhD
Chief Executive Officer
UC Irvine Health



workers and home visits. This is efficient, high-quality, cost-effective medical care.

Howard Federoff, MD, PhD, UCI Health: Because we're an academic medical center, we live in an environment that's data rich. We collect many data points. Some are conventional, clinical data points, but there are others that we are now anticipating intersecting with health care – including those that represent the individual's interaction with their environment. Others will reflect on the genetic constitution that each of us has that makes us more or less likely to be at risk for a disorder. In my estimation, the only way we save money on health care is to focus on precision prevention, which means we ascertain for each individual their individual risk. We then provide interventions before they actually manifest disease. That will prevent admissions, keep people well, and increase their productivity. We have an initiative that will be launched by the fall that will look at the intersection of genetic risk with the idea of doing precision prevention.

► **Health care is ripe for innovation. How are these advances transforming patient care and services for health systems? What are the biggest innovations to expect in health care over the next few years?**

Mark E. Costa, Kaiser Permanente Orange County: Nationally, we must move from a "sick care" system to one that focuses on preventive care, delivers quality outcomes, and uses innovation to foster new ideas, new talent, and new technology to keep people healthy. For decades, innovation has been a critical part of Kaiser Permanente's model, researching and developing innovative ways to not only deliver health care, but to interact with our members. With the opening of our new Innovation Studio in Tustin Ranch, we are developing new tools where our members can interact with their physicians virtually, whether they are at home or at their office. Patients are already experiencing the opportunity to always be connected to their "medical team," their personal health records, and most importantly, their personal action plans. As health care professionals, we need to be responsive to what our patients need, when they need it. Brick and mortar will always be needed in health care, but virtual care has increased as a wanted interaction. On a national level, for instance, our physicians now conduct more than 20 million telehealth appointments with members annually and have access to an integrated, enterprise-wide platform that enables video consults.

Nancy Alvarez, Pharm.D., School of Pharmacy, Chapman University: The tools to assist patients and healthcare professionals to monitor health, wellness, treatment delivery, and progress will continue to grow. Patients are encouraged to become fully engaged in their own health care which

includes the use of an array of devices to support these efforts. Medications of the future will be increasingly customized for individuals because pharmacists will utilize diagnostic indicators through biomarkers to determine the best candidates for new drugs. Today, medications are largely selected for patients empirically where patient's response to the medication is known only after use. Specifically targeted or personalized drugs will reduce costs, improve outcomes, and minimize exposure to and/or risk of ineffective treatments.

Howard Federoff, MD, PhD, UCI Health: The health care landscape for innovation is so incredibly rich. Some things we'll be doing in a few years hence are not even imaginable today. Most of the focus of health care is delivering the best patient quality experience, including how we intersect with a patient to make sure there's full continuity of information. There is emerging technology that will allow everyone, including the patient, to have the fullest understanding of their transitions of care. My prediction is that those technologies will be highly penetrant, very low cost, reduce readmissions, and allow patients to have access to talk a medical assistant, a nurse practitioner or a physician. But that's just the beginning. We're talking about things that are very futuristic, but I actually think they're going to arrive much sooner.

Richard Afable, MD, 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 innovations is adding Wellness Corners to this continuum. These centers located in business and residential complexes help people add health and disease prevention to their everyday lives. We make medical care readily accessible, as well as fitness, nutritional and other well-being support. Traditionally, these types of centers weren't expected to be part a health care system. Now, these centers rate very high for consumer satisfaction, and employers are recognizing their value in reducing absenteeism and lost productivity. Additionally, the strides we are making with virtual health care are proving very important for the patient experience right now and will only increase over the next several years.

► **Are there particular information technology applications that health systems would like to see put to greater use in their operations?**

Dereesa Purtell Reid, Hoag Orthopedic Institute: Lack of interoperability of electronic health records systems is one of the biggest barriers facing the healthcare industry. Also, the current cost of EHR — both implementation and maintenance — is very costly. Also, physicians and nurses deserve better technology that frees

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“Transparency is not to be feared in health care; it is to be embraced as a tool to measure our quality, outcomes and patient satisfaction with our peers.”

Dereesa Purtell Reid
Chief Executive Officer
Hoag Orthopedic Institute

them from entering data and allows more time to be spent with the patient. We place an undue burden on the physician and nurses with too much technology compliance. Consider the banking system, where information can be accessed securely from any number of venues — online, ATM, mobile, or even in person. Even monetary transfers between banks are a simple process. Many of the improvements in healthcare technology and cost efficiencies may emerge from other the experience of industries. Bottom line is that better patient care should be the cornerstone of the medical technology process, not simply efficiencies and data collection.

► **For years we've been hearing that Americans spend more than other countries for health care but receive the same or lower quality care than other countries. However, studies suggest that the system is improving in several areas. What do you believe has helped make the quality of health care better, here in OC and across the country? What are you doing to improve patient quality and safety? Do you think quality of service been affected by changes in health care legislation?**

Nancy Alvarez, Pharm.D., School of Pharmacy, Chapman University: Pharmacists on healthcare teams improve access to and quality of care while reducing costs, errors, and other unintended outcomes. CUSP assists pharmacists who are engaged in monitoring for medication adherence — noticing when medications not used by patients as instructed, which can lead to unwanted outcomes. Pharmacists also help people transition from one care setting, such as a hospital to home, or within a care setting like from the intensive care unit to a general medicine unit. Managing transitions has been a top priority for many organizations. CUSP offers assistance to health systems involved in coordinating medication use at these transition points of care. At the center of both examples are pharmacists taking responsibility for patient safety and quality of care. Recent expansion of California pharmacists' scope of practice enhances the ability of pharmacists to engage in providing care to patients.

Richard Afable, MD, St. Joseph Hoag Health: Orange County is extremely fortunate to have many great physicians and medical services. I believe our spirit of innovation and desire to always make improvements have helped ensure great strides in local health. Health care legislation has certainly helped expand access, but dedicated minds and hearts working together are also contributing factors. We are becoming very proficient on big efforts, such as population health, which has shown marked results in helping prevent illness and manage chronic disease. We've also made disease prevention an imperative. That's not to say there isn't room for improvement. Hospitals must be vigilant about patient safety and quality. At our hospitals, we foster a culture of transparency, collaboration and adherence. And as more quality data becomes available, we study it and ask ourselves tough questions regarding what we

could do better. That drive to always be better for our patients is what keeps local care outstanding.

Dereesa Purtell Reid, Hoag Orthopedic Institute: Yes, legislation that ties healthcare provider payments to quality is improving the quality of care. Value is the key word here when we discuss quality and outcomes. Also, Medicare's Innovation division has made great progress in introducing quality and value-based programs, such as its new bundled payment pilot program. Transparency in quality with hospital compare (hospitalcompare.org), an online tool, and the new star rating system are pushing healthcare providers to improve patient safety and improve patient satisfaction. Transparency is not to be feared in health care; it is to be embraced as a tool to measure our quality, outcomes and patient satisfaction with our peers.

Mark E. Costa, Kaiser Permanente Orange County: The higher quality and safety of care provided today certainly reflects continuous improvement over the past 10 years. The Institute of Medicine report issued in 1999 sent a message to all health care systems that opportunities for safer and improved care existed in all settings. Our industry reacted by looking to each other to identify and share the very best practices in all patient care settings and to evaluate our success in achieving the desired results. Within Kaiser Permanente, we have seen measurable results. Be it major reductions in Hospital Acquired Infections to meaningful reductions in readmission rates for patients who have been hospitalized, and our patients are benefiting from improved quality. In addition to learning from each other, the health industry and Kaiser Permanente have embraced the idea of open transparency. Through public access to quality and cost information, consumers can make smarter decisions regarding their health plan and care providers. This has been the case in other industries and is now more and more the case for health care. Finally, the Affordability Care Act did place a new focus on valued-based payment for health care services. This emphasis has provided new motivation for different health care entities to work better together with overall value in mind. Valued-based care has always been a principal driver within Kaiser Permanente. We support the transformation now underway in health care and believe it is leading to improved quality and affordable care for those we serve.

► **Are there insurance policies other than the Affordable Care Act that are affordable to business owners and still provide high-quality health care services for patients?**

Richard Afable, MD, St. Joseph Hoag Health: Today's businesses seek a different health care delivery model that manages costs, while also focuses on their employees' greatest health needs. At St. Joseph Hoag Health, we listen to these concerns and, in partnership with insurers and employers, develop products that are tailored to the employer and employee. We work as a team

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MemorialCare concentrates on delivering the best value to patients, employers, health plans, clinicians and communities through exceptional quality, patient experiences and bending the cost curve. As a future-focused organization, we offer customized, innovative networks and products to employers seeking to control health benefit expenses while ensuring quality care for their workforces.

Barry Arbuckle, PhD
President & Chief Executive Officer
 MemorialCare Health System

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with the employer and broker consultant to design programs that improve employees' well-being, resulting in better outcomes, which will naturally reduce health care costs. And we've introduced concepts such as telemedicine for physician visits when patients want more convenience. Also, we make sure information is connected to the electronic medical record so our providers have a comprehensive understanding of their patients, regardless of where and how they access care. These are the types of programs offering health care at the right place and the right time. It's a new way of working together, and it's meeting some very high expectations.

► **Value is a big part of today's health care vernacular. What does value-based health care mean to your organization and how has it shaped your model of care? Do you think consumers of health care understand or care about value?**

Suzanne Richards, RN, MBA, FACHE, KPC Health: With the implementation of the Affordable Care Act, the level of value in healthcare services is definitely at the forefront of everyone's mind. While other hospital systems may be forced to eliminate services as a result of the financial burdens created by regulatory compliance costs, our medical centers have focused on expanding programs that will maintain and strengthen the value we provide to our patients. As examples, we overhauled our Maternal Child Health units; are set to open our second new state-of-the-art Cardiac Catheterization Laboratory; and re-open the Geropsychiatric unit at our flagship hospital, Orange County Global Medical Center. We are keeping a disciplined focus on investing in expanding our service lines for patients to provide them with a better experience and establish patient customer loyalty. Healthcare consumers judge value based upon the experience they have and the accessibility of a broad array of services.

Barry Arbuckle, PhD, MemorialCare Health System: MemorialCare concentrates on delivering the best value to patients, employers, health plans, clinicians and communities through exceptional quality, patient experiences and bending the cost curve. As a future-focused organization, we offer customized, innovative networks and products to employers seeking to control health benefit expenses while ensuring quality care for their workforces. These include direct-to-employer customized contracts partnering with employers, benefits experts and health plans and accepting responsibility and some financial risk for an employer's healthcare cost trend and quality expectations. Success depends on how well we deliver high-quality and competitive pricing. Employers benefit from our Vivity HMO with Anthem and other leading health systems, and Aetna Whole Health PPO accountable care option with sustainable employer savings. We're participating in Medicare's Bundled Payment and Next Generation ACO to better coordinate high-quality care and share in savings if goals are met. And we're sharing wellness services with employers wanting the same gains our

employee wellness and engagement programs achieve.

Bart Asner, MD, 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. That is the true definition of health care value. With the increase in individuals with insurance and baby boomers aging into Medicare, Monarch has a laser focus on providing value to health plans, employers and patients in the form of higher-quality care at lower cost. Our model of coordinated care is precisely designed to accomplish this goal, and our patients understand and appreciate this. 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.

Dereesa Purtell Reid, Hoag Orthopedic Institute: Healthcare should be both high quality and reasonably priced. Yes, I believe consumers are very concerned about healthcare costs, and with the growing out-of-pocket expense of healthcare, people want answers and easier solutions. Last year, Medicare began publishing its star ratings for hospitals. It is a simple way for consumers to compare a hospital's patient satisfaction. As more information about quality of care is made public, consumers will have the opportunity to learn in more detail what quality and value means in healthcare. Healthcare quality and cost has never been available; that information is just now emerging. Hoag Orthopedic Institute is one of the first hospitals in the nation to publish an outcomes report. The report explains in detail our clinical quality performance with information on the types of orthopedic procedures, the number of procedures and the quality scores benchmarked against national standards. Physicians, health plans, and employers have used told us our outcomes book is a valuable tool in their decision-making process, as for the first time, they have actual criteria to make good decisions about patient care.

► **The media has called attention to the widespread lack of acute psychiatric care in Orange County. How will we address the issue of better mental health care and services in Orange County? What do you see is the greatest need in the community and what is your organization doing to assist in serving these needs?**

Nancy Alvarez, Pharm.D., School of Pharmacy, Chapman University: One of the ways CUSP is addressing needs is by embedding a pharmacist who is an expert in the area of psychiatric medication use in a local community hospital as a faculty-in-residence. This pharmacist supports the healthcare professional team by offering clinical services to ensure that the medication regimen is optimized; and provides education and information support to patients,

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HEALTH CARE ROUNDTABLE



Pharmacists are well positioned to help individualize the benefits and minimize the risks associated with medication use. Costs are incurred by the health care system when medications are not used optimally ...[Chapman University School of Pharmacy] is educating student pharmacists to be part of health care professional teams and to take responsibility for medication use optimization.

Nancy Alvarez, Pharm.D.
Assistant Dean, Experiential Education,
Clinical Assistant Professor
School of Pharmacy, Chapman University

caregivers, and other healthcare professionals. New models of care can be explored to better meet the needs of these patients and for replication in other areas within Orange County and beyond. While this question is specific to acute psychiatric care, similar faculty-in-residence support efforts from CUSP in support of partnering organizations cover infectious disease, cardiovascular, and other neurology areas (e.g., stroke) to name a few.

Suzanne Richards, RN, MBA, FACHE, KPC Health: Recently, I was appointed by Orange County Supervisors to the Behavioral Health Emergency Services Ad Hoc Committee to help craft public policy reforms that expand and improve Behavioral Health Emergency Services for the nearly 3.5 million residents of Orange County and address the service gaps that exist for the growing mental health patient population, some of our most vulnerable members of society. Having a family member who suffered from mental illness, I have a personal history with how behavioral health patients are treated by the healthcare system, and by society. One of our hospitals, Anaheim Global Medical Center, has the largest behavioral health unit in the county. To help fit the needs of our patients, we recently opened the Lemon Lobby, establishing a private entrance for patients seeking treatment from our various Behavioral Health programs. We also provide outpatient services through our H.O.P.E. Center, and are preparing for the grand re-opening of our Geropsychiatric Unit at our regional trauma center, Orange County Global Medical Center, this May.

► **Health care costs seem to be on everyone's mind, from Orange County businesses to consumers who pay for their own health care plans. One way many Orange County providers are holding costs down is by shifting the care emphasis to more outpatient care. How are you addressing this transition? Will this trend continue and have you made decisions to expand your outpatient options?**

Dereesa Purtell Reid, Hoag Orthopedic Institute: Orthopedic surgery is becoming less invasive and pain control techniques are advancing. With these advances in best practice orthopedic care, there are more surgeries, such as minimally invasive spine and some joint replacements that are moving to the outpatient setting. The Hoag Orthopedic Institute is comprised of an inpatient hospital and two outpatient surgery centers in Orange County. We purposely designed the Institute to include two outpatient surgery centers as part of our model as we believed more orthopedic procedures will, and are being done, on an outpatient basis. In addition, we were one of the nation's first centers to perform outpatient hip replacement procedures. Our physicians now train others around the country on this procedure. It saves the patient and insurer and gets the patient out of pain and back to their life quicker. The thought of doing outpatient hip replacement surgery was unheard of a few years ago.

Howard Federoff, MD, PhD, UCI Health:

There's no question that the epicenter of health care is shifting from the inpatient to the outpatient environment. The reasons are not only about the cost of care, although clearly a hospital admission is an expensive proposition in every instance. But it's about people being cared for in the ambulatory setting and helping to keep them well. The focus on controlling the cost and managing chronic diseases are going to prevent the excessive utilization of inpatient services. Things like heart failure, diabetes, chronic obstructive pulmonary disease – all of these are chronic conditions. As we think about the future of health care, everything that we can do to keep someone more productive, more well, and more at home, is going to be in their interest, as well as in the overall health care systems interest because we will have prevented the unnecessary utilization of expensive health care services.

Nancy Alvarez, Pharm.D., School of Pharmacy, Chapman University:

Pharmacists are well positioned to help individualize the benefits and minimize the risks associated with medication use. Costs are incurred by the health care system when medications are not used optimally. Some health care delivery organizations and individual providers are beginning to incorporate the use of pharmacists on their care delivery teams. These pharmacists provide education to patients, monitor chronic disease management, and motivate patients to engage in their own care and adherence to the instructions of their prescribers. Furthermore, there is also a greater emphasis on health and wellness – making sure that individuals are properly immunized with routine vaccinations and when they will travel, or screened for the presence of a chronic disease like high blood pressure. CUSP is educating student pharmacists to be part of health care professional teams and to take responsibility for medication use optimization as a way of effecting this challenge.

Barry Arbuckle, PhD, MemorialCare Health System: MemorialCare has been preparing for healthcare's transformation into community-based, outpatient care for decades. Our growth and diversification from a hospital system to an integrated and diversified healthcare delivery network gives us a unique competitive advantage. With six hospitals and more than 200 outpatient physician, urgent care, imaging, kidney dialysis and surgery center sites stretching from South Orange County to Long Beach and the South Bay, we are uniquely positioned to provide consumers with the very best in health, wellness, prevention, chronic disease management and treatment in the right location, with the right services and at the right price for employers, health plans and patients. Thanks to technological advances, for example, many surgical patients who spent days in a hospital now receive care in easily accessible outpatient centers without an overnight stay. And we are unveiling even more new healthcare centers, innovative programs, progressive partnerships and comprehensive services—located near where people live and work.

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“As the population ages, we face great challenges in keeping people healthy, and caring for patients with multiple chronic illnesses. Monarch and its physicians care for nearly 70,000 seniors under a coordinated system of care.”

Bart Asner, MD
Chief Executive Officer
Monarch HealthCare

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Mark E. Costa, Kaiser Permanente Orange County: The issue of overall cost of health care is not new to the industry. We know that to remain competitive, we must deliver a product that is not only cost effective, but transformational. With the pending construction of our new “Health Hub” in La Habra, we believe that this concept will be the future of health care delivery. This new and innovative outpatient setting will be designed to be more efficient at serving patients. Concept development is also under way on an initiative called Blink, a network of small, urgent-care centers staffed by nurses. We are also working on another program called Pivot, which will offer members more community-based services to address issues such as tobacco use and weight loss. Lastly, with the implementation of virtual care, telehealth models, and video consults, we already know that the cost of delivering traditional medicine is beginning to decrease. As demand for these models increase, our new outpatient options will become even more attractive to businesses and individuals.

Suzanne Richards, RN, MBA, FACHE, KPC Health: One of KPC Health’s top initiatives is expanding its outpatient care infrastructure in order to facilitate patient care needs in the community at a lower cost, while still maintaining high-quality care. However, what is even more important is ensuring that patients in the acute care inpatient setting receive thorough treatment and are not discharged too early. The better we care for our patients inside the hospital, in addition to establishing a comprehensive post-discharge and follow-up plan with case management, the more likely we will keep patients out of the hospital setting and in better health long-term. Improving patient health long-term is a fundamental to reducing the number of inpatient hospital stays for consumers and shifting them to more consistent preventative healthcare, which can be done in the outpatient setting at a lower cost. Our strategic plan prioritizes that objective.

► **In a recent study by the University of Southern California, they published that by 2030 over 77 million individuals will be 65 or older. How will this data impact the health care delivery model? How have you improved your approach to caring for Orange County’s most vulnerable residents?**

Mark E. Costa, Kaiser Permanente Orange County: There is no doubt that the changing demographics of our country and of Orange County is a driver for required change in how health care is provided. The needs of the elderly are unique and special. Be it the level of chronic disease or the effects of dementia, health care providers must transform themselves with a greater focus on the needs of older citizens and their families. There are many changes already underway at Kaiser Permanente. Within our hospitals, our nursing services have improved our ability to address the unique needs of elderly patients. In addition to special nurse training, our facilities and care processes have been altered. These changes have enabled our hospitals to become NICHE

Certified (Nurses Improving Care for the Elderly) reflecting the highest level of care to patients over 65. Additionally, special emphasis has been placed on the end of life needs of our members. Expansion of Palliative Care services, both within our hospitals and in ambulatory settings has occurred. Finally, we believe that stronger and improved relationships must be developed between our system and the support agencies that exist within Orange County. We know that no single health care provider or system can meet the needs of the elderly population alone. Through closer relationships and partnerships between all community organizations, gaps in care can be reduced and this population can be better served.

Bart Asner, MD, Monarch HealthCare: As the population ages, we face great challenges in keeping people healthy, and caring for patients with multiple chronic illnesses. Monarch and its physicians care for nearly 70,000 seniors under a coordinated system of care. We foster good health through preventative care, vaccinations, and screening for illness. When a patient has a condition such as diabetes or congestive heart failure, they are connected to a Monarch team of health care professionals to maintain their health status through exercise, nutrition and proper medications. Patients who are unable to visit their physician’s office can be cared for in the home. When a patient does end up in a hospital we make certain that they have a smooth transition back to the outpatient setting with scheduled doctor visits, understanding their medications, and a safe home environment.

Nancy Alvarez, Pharm.D., School of Pharmacy, Chapman University: The health care delivery models of today will be overwhelmed by the needs of an aging population. Student pharmacists are prepared to administer vaccinations and can identify older individuals who could benefit from a pneumococcal or varicella zoster virus (shingles) vaccine. CUSP student pharmacists are assigned to the City of Irvine Lakeview Senior Center to engage in providing services such as creating medication cards, performing nutrition, and transportation or fall risk assessments. They deliver health information on shingles and vitamins. This early part of student experiential learning allows them to demonstrate compassion and empathy towards the challenges of those who may have decreased mobility, cognition, sight or hearing. In later courses and experiences, student pharmacists will competently understand how medications work in an aged body and how to assess for medication risks to an older population.

► **What challenges and opportunities has the Affordable Care Act presented to your organization? Do you think that the Affordable Care Act will be eventually be repealed, replaced or altered?**

Bart Asner, MD, Monarch HealthCare: The Affordable Care Act provides insurance to millions of Americans who previously were uninsured. Government programs such as

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HEALTH CARE ROUNDTABLE



Cybersecurity issues were at the forefront for health systems in 2015, and will continue to be a hot topic in 2016...Healthcare systems must design security into their processes. The FDA has issued warnings and guidance documents about cybersecurity, and says it expects – but does not require – healthcare providers to ensure only ‘trusted’ users can access devices.

Michael Lawhead
Chairman, Digital Health Practice Group
Stradling Yocca Carlson & Rauth

Medi-Cal have been the largest recipient of the newly insured, and Monarch is proud to provide care to over 90,000 Medi-Cal patients in Orange County. Many of these are vulnerable patients who have medical, social and behavioral health needs that can best be addressed under the coordinated care system embraced by Monarch and our physicians.

► **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? Are there after-hour resources that businesses can recommend to their employees at minimal or no cost?**

Suzanne Richards, RN, MBA, FACHE, KPC Health: Our hospital system owns and operates one of only three designated Trauma Centers in the County of Orange and four Emergency Departments. The increase in health insurance coverage did not result in increased crowding for our medical centers because Orange County was proactive in expanding access points for the patient population through urgent care centers and other outpatient clinics. The general emergency/urgent care patient population is fairly well distributed across Orange County’s more-than-adequate healthcare system, notwithstanding some specialties such as behavioral health, which is experiencing an accessibility gap.

► **More health systems are creating venture funds and incubators to encourage advancements in health care products and services. What are some of the key areas of investment and how do health systems make their investment decisions?**

Michael Lawhead, Stradling Yocca Carlson & Rauth: We see health systems making investments in products and services that enhance and manage patient care, create efficiencies in the delivery of healthcare services and improve the economics of healthcare for these health systems. These products and services often include infrastructure, consumer engagement, monitoring and diagnostics, clinical decision support and treatment (i.e., telemedicine), to name a few. We expect to see health systems continue investing in these products and services in 2016 with an eye toward making strategic investments, often in the form of minority interests, in the companies that develop these products and services and entering into related commercial arrangements with these companies, often in the form of licensing, commercialization, development or related agreements, for the use of the subject product or service. The health system can then assess the effect of the product or service on its operations, delivery of patient care and financial performance.

Barry Arbuckle, PhD, MemorialCare Health System: Strategic investments can accelerate innovation in healthcare; improve quality and outcomes, decrease costs and positively impact patients and healthcare providers. MemorialCare’s strategic investment funds offer a valuable gateway for entrepreneurs to refine and accelerate product development,

and ensure communities access to the latest healthcare advances. Summation Health Ventures’ partnership with Cedars-Sinai focuses on information technology and technology-related health services and medical devices, providing emerging companies a powerful potential for value creation thanks to our diversity and strengths. For almost two decades, MemorialCare Innovation Fund has fostered strategic partnerships centering on healthcare programs, services, medical devices and information technology. Some of our successes include investments focused on automating follow-up care connecting doctors, patients and caregivers between visits with important clinical information; technology to more accurately monitor blood loss during surgery; communications platforms that streamline and speed communications among physicians, nurses and hospital staff; and technology to assess clinicians’ knowledge and create individualized learning paths to improve clinical performance.

► **What are some risks health systems face in protecting patient information and electronic medical records from data breaches, and what steps are health systems taking to mitigate those risks?**

Michael Lawhead, Stradling Yocca Carlson & Rauth: Cybersecurity issues were at the forefront for health systems in 2015, and will continue to be a hot topic in 2016. For example, on November 13, 2015, the FBI notified MaineGeneral Health that agents had detected MaineGeneral data on an external website that is not accessible by the general public. The data included the dates of birth and emergency contact names, addresses, and telephone numbers for certain patients referred by a treating physician to MaineGeneral Medical Center for radiology services. It also includes the names, addresses, and telephone numbers of certain employees, as well as similar information for certain prospective donors. Following the FBI report, MaineGeneral Health hired a cyber security forensics firm and launched an internal investigation by its IT team to confirm the security of its system and source of the data breach. This incident, and others in 2015, highlight the need for healthcare systems to be proactive in assessing their cybersecurity and vulnerabilities. Healthcare systems must design security into their processes. The FDA has issued warnings and guidance documents about cybersecurity, and says it expects – but does not require – healthcare providers to ensure only “trusted” users can access devices. The U.S. Department of Health and Human Services, among others, also prepared a cheat sheet of tips for cybersecurity in healthcare. To mitigate the risk of data breaches and other cybersecurity issues, health systems should encrypt sensitive information on mobile devices, install and maintain state-of-the-art antivirus software, use properly configured software and hardware firewalls, limit access to protected health information (PHI) to those persons with a need to know such information, install and regularly update adequate password protections and limit access to system networks.

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