

# HEALTH CARE ROUNDTABLE

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



**Richard Afable, MD, MPH**  
*President & CEO*  
St Joseph Hoag Health, Irvine, CA



**Barry Arbuckle, PhD**  
*President & CEO*  
MemorialCare Health System



**Ray Chicoine**  
*President*  
Monarch HealthCare



**Mark E. Costa**  
*Senior Vice President*  
Kaiser Permanente



**Howard J. Federoff, MD, PhD**  
*Vice Chancellor, Health Affairs*  
*CEO, UC Irvine Health System*  
University of California, Irvine



**Ron Goldstein**  
*President & CEO*  
CHOICE Administrators



**Michael L. Lawhead**  
*Shareholder, Chair of Digital*  
*Health Practice*  
Stradling



**Dr. Keykavous Parang, Pharm.D., Ph.D.**  
*Associate Dean, Professor*  
Chapman University School of Pharmacy



**Carlos A. Prietto, MD**  
*Interim CEO & President*  
Hoag Orthopedic Institute



**Suzanne Richards, RN, MBA, FACHE**  
*CEO of Healthcare Operations*  
KPC Health



**Dr. Tonmoy Sharma, MBBS, MSc**  
*CEO*  
Sovereign Health



# HEALTH CARE

## ROUNDTABLE PARTICIPANTS

### CaliforniaChoice

Since it began in 1996, CaliforniaChoice has been offered exclusively through health insurance brokers and is a recognized leader in the health insurance industry, having introduced Defined Contribution and Employee Choice. CaliforniaChoice offers group health coverage from Anthem Blue Cross, Health Net, Kaiser Permanente, Sharp Health Plan, Sutter Health Plus, UnitedHealthcare and Western Health Advantage. CaliforniaChoice currently serves more than 18,000 employers and more than 320,000 employee and dependent members. It is a division of CHOICE Administrators, the nation's leading developer and administrator of consumer-choice insurance exchange models. Visit [www.calchoice.com](http://www.calchoice.com) or [www.mycalchoice.com](http://www.mycalchoice.com) for additional information.



### Chapman University's 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. 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, California. 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 more than 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 was recognized by the Centers for Medicare & Medicaid Services as one of 112 hospitals nationwide, and one of 10 in California to earn the highest, five-star rating for overall quality of care. For more information, visit [www.orthopedichospital.com](http://www.orthopedichospital.com).



### 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, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve more than 11.3 million members in eight states and the District of Columbia. 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. For information about Kaiser Permanente Orange County, visit [kp.org/orangecounty](http://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 best practice, evidence-based medicine, has more than 200 care sites; 15,000 employees, affiliated physicians and volunteers; five top hospitals—Saddleback Memorial Medical Center in Laguna Hills, Orange Coast Memorial Medical Center in Fountain Valley, Long Beach Memorial, Miller Children's & Women's Hospital Long Beach and Community Hospital Long Beach; MemorialCare Medical Group; Greater Newport Physicians; Seaside Health Plan; and ambulatory surgery, imaging, outpatient, kidney dialysis and urgent care centers. Among MemorialCare's many honors for its health care organizations include Best U.S. Health Care Systems, 10 Largest U.S. Children's Hospitals, America's 50 Best Hospitals, Nation's Top 50 Cardiovascular Hospitals, Best Orthopedic Programs, American Heart Association Get with the Guidelines Gold Plus for cardiac and stroke care, Nation's Top Places to Work, voted Best Orange County Hospitals and more. To learn more, visit [www.memorialcare.org](http://www.memorialcare.org).



### Monarch HealthCare

Monarch HealthCare, 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 care to keep everyone healthier and feeling their best. This is accomplished through a network of over 2,500 providers throughout Orange County and Long Beach. Supported by tools and technology to care for over 260,000 patients, Monarch is recognized by health plans and business groups for offering high-quality care and excellent service. Monarch is led by physicians who have demonstrated their commitment to advancing medical excellence and exemplifying the "patient-first" philosophy of care. Monarch is proud that the Centers for Medicare and Medicaid (CMS) has designated it an Accountable Care Organization (ACO) for traditional Medicare patients under the name OptumCare Accountable Care. For more information about Monarch, please visit [www.monarchhealthcare.com](http://www.monarchhealthcare.com).



### Sovereign Health Group

Sovereign Health was launched in 2009 with current chief executive officer, Tonmoy Sharma, M.B.B.S., at the helm. Sharma launched the first Sovereign Health facility in San Clemente, California, which comprised of a mere 1,884 square feet, and initially had a single patient and a staff of eight. Eight years later, Sovereign is a leading institution in recovery and addiction, and operates nine fully functional facilities in five states for addiction, mental illness and co-occurring disorders including substance abuse, mental health, dual-diagnosis, brain wellness and behavioral health programs for eating disorders. Sovereign Health, for the third straight year, has earned a spot on the 2016 Inc. 5000, *Inc. Magazine's* list of America's fastest-growing private companies.



### St. Joseph Hoag Health

St. Joseph Hoag Health is a historic alliance for Orange County and the High Desert, laying the foundation for sweeping changes in the delivery and accessibility of high-quality health care. As a combined organization, St. Joseph Hoag Health has earned some of the highest honors for medical care, including Magnet designation for its hospitals (the highest honor bestowed to hospitals for nursing excellence), and "best of" listings in *U.S. News & World Report*. Drawing upon the strengths of its renowned hospitals, St. Joseph Hoag Health focuses on meeting the big challenges of health care today, including expanding access, improving wellness and preventive services, ensuring quality and developing more efficient methods in the delivery of care. The network includes seven 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), 27 urgent care centers, eight medical groups, 425 primary care physicians and 1,200 specialists. It has also developed the nationally recognized Wellness Corners, which bring services for health and well-being right to some of the region's largest business and residential centers. The network is also affiliated with CHOC Children's and CHOC Children's at Mission Hospital. For additional information, visit [www.stjosephhoaghealth.org](http://www.stjosephhoaghealth.org).



### Stradling

Stradling is a premier business law firm with over 130 attorneys in 10 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, physician 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 417-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 16 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.



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## HEALTH CARE ROUNDTABLE



"[The CHOICE Administrators] team and the brokers we work with are focused on...helping Orange County's small businesses understand current regulatory requirements, upcoming changes to existing plans in preparation for their next open enrollment."

**Ron Goldstein**  
President & CEO  
CHOICE Administrators



"Any changes to our current health care system will have minor impact for Hoag Orthopedic Institute. Our hyper-focus on orthopedic patient care within a unique value-based model of care and collaboration with our partners prepare us for any eventuality."

**Carlos A. Prietto, MD**  
Interim CEO & President  
Hoag Orthopedic Institute

**The fate of the Affordable Care Act is shaping up to be one of the key health care issues facing all stakeholders for 2017. How are you preparing for the new administration's "repeal and replace" promise? What risks are there to replacement?**

**Suzanne Richards, KPC Health:** Repeal of the Affordable Care Act without an adequate replacement is a non-starter both in terms of coverage and the economics of it. We kept a close eye on the proposed bill, and now that we know that the AHCA has been scrapped, we will continue to monitor other proposals in health care reform. Bottom line, we want to provide the best care possible. That becomes more difficult when expansion is reduced.

**Ron Goldstein, CHOICE Administrators:** The Republican Affordable Care Act (ACA) replacement plan that was released on March 6, 2017 had the potential to change how health insurance works for the 150 million Americans who, according to the Henry J. Kaiser Family Foundation, receive benefits through the workplace. Our team, and the brokers we work with, are focused on the present, helping Orange County's small businesses understand current regulatory requirements, upcoming changes to existing plans in preparation for their next open enrollment.

**Carlos A. Prietto, Hoag Orthopedic Institute:** We believe that whatever the outcome from Washington, D.C., and any changes to our current health care system will have minor impact for Hoag Orthopedic Institute. Our hyper-focus on orthopedic patient care within a unique value-based model of care and collaboration with our partners prepare us for any eventuality. As long as we put the needs of our patients first, and adhere to our high-quality standards, we will continue to grow. Today, more Californians choose Hoag Orthopedic Institute for their joint replacement than any other hospital.

**As health insurance companies and provider organizations strive to compete in the public policy making arena on the parameters of coverage and reimbursement, what does Washington need to know in terms of how to best reform health care policy to protect patients and foster an environment that offers the most options?**

**Mark E. Costa, Kaiser Permanente:** Kaiser Permanente has physically been at the table working with both the former and the current Presidential Administrations to address not only the needs of the industry, but more importantly, the health needs of America. We believe that the top three policy areas that need to be addressed include, a stabilization

of the marketplace so that there are strong incentives to encourage enrollment. That there remains sufficient funding for Medicaid and consider what is possible around continuing expansion efforts. And lastly, focus must be placed on the health care delivery system, which includes a high-quality patient experience. We believe everyone should have coverage that gives them access to quality care.

**Mergers and partnerships continue among providers, health plans and other health care entities. What partnerships are you involved with and what was the main driver in creating them? What are the benefits of these expanding organizations to employers and patients?**

**Barry Arbuckle, MemorialCare Health System:** MemorialCare's strategic partnerships transform health care, increase outpatient offerings, create efficiencies, broaden population health and benefit communities. Our preferred partnership with Boeing, offered to 37,000 Southern California employees and their dependents, provides a customized health plan option at lower costs to employees and to Boeing. With UCI Health, primary care health centers increase access to care. MemorialCare's unprecedented partnership with Anthem and other top health systems offers employers the competitively priced health plan called, Vivity. Summation Health Ventures' partnership with Cedars Sinai gives staff and patients access to health care advances and entrepreneurs accelerated product development. Partnerships with physicians result in significant ambulatory services growth, adding physicians' practices, and outpatient surgery, imaging, digestive health, dialysis and urgent care centers. Population health initiatives better manage chronic conditions and reduce readmissions. Affiliations with Miller Children's & Women's Hospital improve accessibility to highly specialized pediatric physicians and programs. And academic partnerships increase availability of highly trained physicians, nurses and other clinicians.

**What does the health care industry see in terms of M&A activity and other strategic or collaborative transactions in 2017? How has this continuing trend impacted Orange County and what results do you see yielding from such endeavors?**

**Carlos A. Prietto, Hoag Orthopedic Institute:** Since our founding, we've embraced a close direct relationship with many companies, providing both bundle and fee-for-service care options for their employees. Through increased collaboration with health plans and employer-based partners, this model of care has grown commensurately each year. This year, our

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## HEALTH CARE ROUNDTABLE



“Health care providers thrive with stability. In the wake of the ACA and the frequent efforts to repeal it, finding that sure footing has been precarious. Now that the repeal efforts seem to be tabled, we should have a measure of stability going forward. That stability will result in certain providers looking at ways to grow.”

**Suzanne Richards, RN, MBA, FACHE**  
**CEO of Healthcare Operations**  
**KPC Health**

surgeons will perform hundreds of joint replacements via employer-based programs for companies based in Orange County and across the nation. We even coordinate their stay and hotel arrangements. A new agreement with Optum will give us access to provide care for more than 2 million company employees.

**Suzanne Richards, KPC Health:** Health care providers thrive with stability. In the wake of the ACA and the frequent efforts to repeal it, finding that sure footing has been precarious. Now that the repeal efforts seem to be tabled, we should have a measure of stability going forward. That stability will result in certain providers looking at ways to grow. I expect to see more mergers and acquisitions in Orange County to gain market share, and to allow systems to focus on what they do best.

**The health care marketplace has now had the chance to allow previous mergers to season following major shifts in federal and state policies, particularly surrounding reimbursement rates. Based upon your observations and the inevitability of further policy reforms, where do you see health care providers headed organizationally in the next decade?**

**Ron Goldstein, CHOICE Administrators:** One result of the health care mergers is the increasing importance of physician networks, or the number of medical providers an individual can access through their health insurance plan. Consumers want choices and the ability to keep their doctor – finding out that health insurance no longer covers visits with their regular doctor is extremely frustrating. Physician networks, narrow or not, will continue to be an important health insurance driver in the next decade. This is why we offer an online provider search tool where employees can confirm that their doctor, specialist or hospital is available in a specific network before making a health insurance selection.

**How is your organization moving more toward integrated delivery systems? What progress have you made to further this integration?**

**Richard Afable, St. Joseph Hoag Health, Providence St. Joseph Health Southern CA Region Orange County / High Desert:** I would say we’ve made terrific progress in developing an integrated care network that assists people with the right care at the right time at the right place. We have done this through strong partnerships with physicians and other health care providers. For example, St. Joseph Hoag Health is very fortunate to have a strong physician network. CHOC is also a partner in ensuring health for the entire family. And we have many

partnering clinics and community programs across the region. Of course, there are times when a service doesn’t exist and we’re called to innovate. That’s what we’ve done with our Wellness Corners, which bring unique services focused on health and wellness to where people live and work. This concept has also attracted several large employers, which has led to partnerships that bring workplace wellness right into the offices of several thousand OC workers. Our system is not just integrated, it’s comprehensive.

**Barry Arbuckle, MemorialCare Health System:** MemorialCare’s growth and diversification from a hospital system to an integrated and diversified health care network gives us a unique competitive advantage. Our broad reach across Orange and Los Angeles counties is the result of planned growth, mergers, acquisitions and affiliations. Strategically located hospitals, physician practices, outpatient services and the state’s largest children’s hospital make us ideal partners for consumers, employers and health plans seeking high-quality and excellent value. We offer 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 and accepting responsibility for health care cost trend and quality expectations. Most importantly, we are offering solutions to counter unhealthy lifestyles by continually engaging employers, schools and community organizations in healthy living partnerships. MemorialCare is committed to pursuing healthier communities where we share in the celebration of controlling and curing disease that ensure a longer, healthier, more fulfilling life for all we serve.

**Technology and data continue to drive innovation in the delivery of medicine to all patients – both young and old. These advances include smartphones, telemedicine, remote patient monitoring and others that hold the promise of improved patient care. How have you leveraged today’s technological advances to improve the health and well-being of the patients you serve?**

**Ray Chicoine, Monarch HealthCare:** As the largest Independent Practice Association (IPA) serving Orange County, we embrace and drive technological advances to help our physicians deliver the best possible care for our patients. Our parent company, OptumCare, is a national leader in encouraging innovation and improving patient care using new technologies. We don’t use new technology because it’s trendy or cool; we adopt it based on how it helps us deliver on our core mission – delivering high-

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## HEALTH CARE ROUNDTABLE



“Advances in technology...increasingly affect the way health care systems take care of us and the way we take care of ourselves. Although the health care industry tends to be slower to implement these advances, health care systems increasingly see technology as critical to their efforts to improve patient care and outcomes while lowering the cost of administering such care.”

**Michael L. Lawhead**  
Shareholder, Chair of Digital  
Health Practice  
Stradling

quality patient care while reducing costs for our patients and simplifying the practice of medicine for our physicians.

**Mark E. Costa, Kaiser Permanente:**

Kaiser Permanente has been on the cutting-edge of innovation since our early beginnings. And today is no exception. Through the research and design efforts at our Innovation Studio, we are working on products and partnering with some of the best technology companies in the world. We have been successful at moving office visits from inside a clinical setting to the home/office setting. This has been accomplished through Integrated Video Visits (IVV) where we average over 100,000 visits a month nationally. Furthermore, we are working to advance the capabilities of “wearables” so that patients are acutely aware of their health progress at any moment. We recognize that at the end of day, care should be accessible everywhere, and anywhere, the patient would like it.

**Richard Afable, St. Joseph Hoag Health, Providence St. Joseph Health Southern CA Region Orange County / High Desert:**

Health care delivery has always required data gathering. The problem historically has been a lack of connectedness and interrelatedness between different sets of data – including data at individual hospitals, individual emergency rooms, doctors’ offices and imaging centers. Where today’s technological advances greatly improve health care delivery is allowing for connectedness between the multiple sources of data that exist within health care. What we’re doing is using some of these latest technologies, including mobile devices, telehealth and home patient monitoring, and aggregating that data so that it can be used anywhere by the right providers of care in order to optimize the care to any individual. It’s not so much the individual technologies as it is the ability to connect the processes of care through the use of data and new tools.

**Tonmoy Sharma, Sovereign Health:** In our desire to be leaders of disruptive innovation – innovations that create a new market network and value network – Sovereign Health has adopted many new technologies and created an internal workflow system that leverages our house software capabilities. These systems improve the process of working with substance abuse, physical or sexual abuse, and suicidal or homicidal patients. Our company is also leveraging telehealth and smart phone apps to reach out to those who cannot physically attend treatment at our locations, and for looping in patients’ families so they are included in the process. We are also using telehealth

for our continuing care program to ensure that we are following up and providing both case management and treatment to our patients. This type of ongoing involvement in treatment decreases relapse rates, which tend to be quite high in the first year after inpatient treatment.

**Suzanne Richards, KPC Health:**

Technology and data are critical to the way that we deliver health care today. Not only in the equipment we use to diagnose and treat patients, but in the way we deliver personalized treatment plans. I am especially curious to see the strides that telemedicine makes in the coming years. I think it is an innovative approach to putting patients together with the very best medical professionals. I wouldn’t be surprised to see more consultations and follow-ups being conducted via smartphone or tablet.

**Carlos A. Prietto, Hoag Orthopedic Institute:**

We use data to make small and large patient care decisions every day. Data is our currency to improve quality and reduce costs for patients. We created a research arm within Hoag Orthopedic Institute to help us drive innovation in these areas. Because of our size and the number of patients we treat each year, our researchers have access to robust amounts of data that we use to innovate and improve our quality of care. The use of new technology in the treatment of orthopedic conditions is more complex. We don’t purchase new technology for technology’s sake. We want to see improved outcomes and evidence before we make decisions. That’s part of our physician-directed culture; if it’s been studied extensively and has been shown to improve quality and reduce costs, we will take notice. Our outcomes are some of the best in the nation based on this philosophy.

**How have emerging technologies and other technological advancements, including wearable health care devices, telemedicine and other digital health advances, artificial intelligence, etc. affected health care systems? How are health systems meeting demands to use smarter technology so that services can be improved?**

**Michael L. Lawhead, Stradling:** Advances in technology touch every part of our lives and increasingly affect the way health care systems take care of us and the way we take care of ourselves. Although the health care industry tends to be slower to implement these advances, health care systems increasingly see technology as critical to their efforts to improve patient care and outcomes while lowering the cost of administering such care. These efforts include using smarter technology to improve patient engagement, patient monitoring, supply chain management

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\* Merrill et al., *JOEM*, January 2013.

## HEALTH CARE ROUNDTABLE



“The health care industry will embrace many emerging technologies that will generate tremendous opportunities for data analysis and imaging in the next decade. Robots will be applied more broadly for remote patient care monitoring and digital behavioral health services. 3D printing has already created functional kidney and liver tissues to examine the toxicity of experimental drugs in 3D cell platform.”

**Dr. Keykavous Parang, Pharm.D., Ph.D.**  
Associate Dean, Professor  
Chapman University School of Pharmacy

and customized care. This smarter technology, particularly wearable devices and telemedicine, may even improve the way we take care ourselves, thus limiting our need to make doctor visits.

**Ron Goldstein, CHOICE Administrators:** Technology has transformed the once paper-driven health insurance industry into one where consumers, including small and larger company owners, expect a user-friendly online experience. For example, online enrollment is increasingly becoming demanded. Business owners have now recognized the many benefits of online enrollment, including administration, allowing them and their employees to make health insurance selections more seamlessly. Online enrollment is on a rapid path to becoming the norm.

**Keykavous Parang, Chapman University School of Pharmacy:** The health care industry will embrace many emerging technologies that will generate tremendous opportunities for data analysis and imaging in the next decade. Artificial intelligence takes over some responsibilities, such as billing, data analysis and reading medical imaging, performed by human intelligence to save time and personnel, and provide more accuracy. Medical drones will be used when the vital emergency response is required, such as delivery of medical goods to people in disaster areas or those with limited access to health care. High-resolution 3D interactive holograms could be used by surgeons to observe 3D medical data in space. Robots will be applied more broadly for remote patient care monitoring and digital behavioral health services. Virtual reality is developing for patient and physician education, and relieving stress. 3D printing has already created functional kidney and liver tissues to examine the toxicity of experimental drugs in 3D cell platform.

**Ray Chicoine, Monarch HealthCare:** Technological advances in health care have accelerated and enhanced our model of coordinated patient care. We use technology to improve patient care and increase ease of communication among multiple health care providers. Digital platforms monitor care in real time among our chronically ill. Patients with diabetes and congestive heart failure send us encrypted updates from cell phones, laptops or tablets so we can monitor their health every day. For example, if we notice a sudden weight gain (perhaps the result of water retention from a heart condition) we can intervene immediately. If needed, we consult with specialists to determine the best course of action. We use similar technology for those in palliative care – and include secure messaging so patients and family members can communicate with us, and actually show us what’s happening. This can mean avoiding a stressful and unnecessary

trip to the emergency room. Technology allows us to get in front of serious health problems before they occur or get worse. It results in better patient care and significant cost savings.

**Cost and transparency remain important issues in health care. What are some of the key factors impacting costs for providers and what changes must the industry consider for those costs come down? How has your organization addressed the need for more transparency and the rising costs of health services? Can insurance product design alone solve the health care cost conundrum?**

**Carlos A. Prietto, Hoag Orthopedic Institute:** Since day one of our opening, we have worked to be one of the most transparent health care facilities in the country. We purposely collect, analyze and report our results in detail each year in our outcomes report, a document we publish ([www.hoioutcomes.com](http://www.hoioutcomes.com)) for all to see and compare our results with others. Our physicians believe that by sharing our results publicly, we empower consumers to make better health care decisions and inspire a culture of high performance. Moreover, our outcomes report is a measurement of our quality against others in the local marketplace and across the nation, a tool that we use to continually improve our performance. If you don’t copiously measure how you are performing and helping patients, how can you improve? We were pleased when nationally recognized health care opinion leader Dr. Ezekiel Emanuel wrote a story about our transparency for an article in *Fortune* titled, “Why this for-profit, physician-owned hospital is a model of transparency.”

**Ron Goldstein, CHOICE Administrators:** The past year has seen tremendous movement by carriers as they work to find a path for success in a shifting ACA world. As plan availability and networks change, one thing has stayed consistent through our program, and that is something we call Employee Choice. Our program allows employees to shop and compare between available health insurance options in their area, from some of the state’s top health insurance carriers. By providing greater access to care, employees have the option to base their selection both on personal preference of health insurance provider, benefit type (e.g. HMO, PPO, HAS) and price point. This creates transparency because at the end of the day, choice is in the hands of each employee.

**Tonmoy Sharma, Sovereign Health:** Insurance product design cannot resolve the health care cost conundrum, although some

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# Having Monarch means having more care.



Monarch HealthCare<sup>®</sup>, part of OptumCare<sup>®</sup>, is one of the largest medical groups in Orange County and Long Beach – we're also the choice of over 266,000 people who work and live here. With over 20 years of experience, we understand that the more choices and access employees have, the healthier they can be – that helps keep your company healthy too.

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## HEALTH CARE ROUNDTABLE



“Mental health, especially treatment of substance use disorders, has suffered from a lack of acknowledgement that it is a chronic illness. The treatment for addiction has been very like how we treat infection, and not how we treat chronic relapsing and remitting illnesses. We need to embrace a recovery-oriented system of care. Serious mental illnesses and substance use disorders are chronic conditions and share many characteristics with other chronic physical ailments, such as diabetes or heart conditions.”

**Dr. Tonmoy Sharma, MBBS, MSc  
CEO  
Sovereign Health**

sectors have been advocating for a single-payer system to bring down costs. The field of behavioral health is steadily moving from a fee-for-service model—in which every consultation visit, doctor appointment or inpatient stay is based on volume—to value-based care (VBC) models, which change incentives to focus on value by rewarding better outcomes and lower spending. VBC encompasses shared savings, bundled payments, shared risk and global capitation where the organization receives a per-person, per-month payment intended to pay for all individuals’ care, regardless of what services they use. But there is a dearth of data available on quality, and no formal agreement on what the measures should be. If quality is a component of health care service delivery, one needs to make sure that there is a supporting data and infrastructure to collect it.

**Will prices for health insurance increase again in 2017? If so, how will this affect Orange County’s employers, the benefits they offer to employees and how each individual accesses health care? How has your organization addressed the rising cost of health services, particularly skyrocketing pharmaceuticals? How can health care reform focus on reining in these costs?**

**Ron Goldstein, CHOICE Administrators:** It is anticipated that health insurance premiums will increase again this year. Competition among health insurance carriers creates a healthy environment where costs are similar across several carriers – this is one of the reasons why some recent mergers have stalled. While business owners would rather avoid increasing costs, one way we are working to help them view prices differently is through a defined contribution model. This offers a different variety of flexible budget scenarios that have the potential to help manage costs year-over-year.

**It seems that more focus is being given to the care continuum as it relates to mental health? Do you see an increasing trend in mental health needs, and if so, what is being done to address this need?**

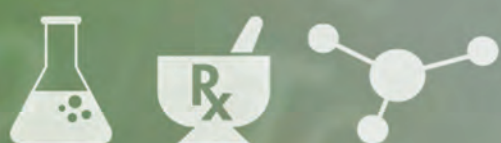
**Suzanne Richards, KPC Health:** Recognizing the importance of a robust approach to mental health care policy is one of the issues I am most excited about in Orange County. Mental health care touches so many members of our community, especially with respect to homelessness and drug abuse. I’m thrilled to see policy makers at the local, county, state and federal levels increase their commitment in providing efficient treatment for mental health patients, which can have a huge impact in cost savings in the long run.

**Tonmoy Sharma, Sovereign Health:** Mental health, especially treatment of substance use disorders, has suffered from a lack of acknowledgement that it is a chronic illness. The treatment for addiction has been very like how we treat infection, and not how we treat chronic relapsing and remitting illnesses. We need to embrace a recovery-oriented system of care. Recovery management is the key. Serious mental illnesses and substance use disorders are chronic conditions and share many characteristics with other chronic physical ailments, such as diabetes or heart conditions. The usual goal of treatment for many of these disorders is recovery – that is, maintenance or improvement of quality of life and the patient’s level of functioning. A chronic disease framework, focused on evidence-based practices and consumer education, with careful attention to medication management and self-care, can be enormously beneficial for mental health and substance use disorders.

**Richard Afable, St. Joseph Hoag Health, Providence St. Joseph Health Southern CA Region Orange County / High Desert:** Mental health and behavioral disorders are not new in our community. What is different today is the much greater attention we are paying to mental disorders as a disease of the brain, rather than a social or an environmental problem. We are bringing mental and behavioral disorders “into the light,” recognizing them as diseases to be treated like any other disease of the body. This requires a coordinated approach to the medical and environmental treatment of mental illness and behavioral disorders. We at St. Joseph Hoag Health, in collaboration with the larger Providence St. Joseph Health system, have created the Institute for Mental Health and Wellness. The institute will specifically address mental health disorders in our community and will apply necessary resources and the opportunity for partnerships to greatly improve mental well-being through prevention, treatment and elimination of stigma.

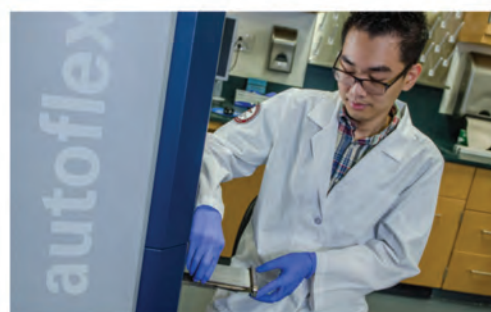
**Mark E. Costa, Kaiser Permanente:** Yes, completely. Between 2015 and 2016, the number of Kaiser Permanente members seeking an appointment within our specialty mental health department increased 11.5%, up to a 2016 average of more than 1,400 new requests per month. This growth outpaces our overall membership growth, so we know that either members are struggling with increased rates of mental health challenges, or they are more comfortable asking for help, or most likely a combination of the two. Mental health and wellness is an increasing need and we are proud to have been

*continued on page B-40*



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## HEALTH CARE ROUNDTABLE



“Through [Monarch HealthCare]’s partnership with Surgical Care Affiliates, which operates several ambulatory surgery centers in Orange County, we are embracing outpatient surgery as a larger part of our model of clinical integration. We can achieve better quality outcomes for patients and, importantly, reduce costs through this approach.”

**Ray Chicoine**  
*President*  
**Monarch HealthCare**

increasing our focus on mental health and wellness services over recent years. Through significantly increasing the size of our departments, including a dedicated Medical Office Building for mental health and wellness, we continue our longstanding practice of allowing patients to self-referral should they wish to do so.

**Why is it important to change the views of people with addiction, which is also considered a brain disease?**

**Keykavous Parang, Chapman University School of Pharmacy:** Brain disease usually implies a lack of will power and mind control. Repeated use of drugs affects the brain by flooding dopamine, feeling pleasure, reward circuit and tolerance that generates significant challenges in self-control and quitting. The neural mechanism has less relevance to the treatment options. The brain disease notion obscures treatment strategies and response to incentive plans. Addiction is a complex behavior issue by repeating use of materials. There are a combination of factors that may be involved in addiction, including environment, genetics, family and friends, economic status, age and stress rather than a neurological illness. Addicts can recover even after relapse with ongoing treatment and are not entrapped by their brain disorder. There are available treatment options beyond the brain for drug addiction, and the situation can be managed and prevented. The most effective interventions are those directed towards the person and not at the brain by drugs.

**Outpatient care is still trending upwards as both a convenience and cost-saving for consumers and others. How has your organization addressed this transition and how has the growth of outpatient care affected your institution? Will this trend continue and have you made decisions to expand your outpatient options?**

**Howard J. Federoff, University of California, Irvine, UC Irvine Health System:** We believe the consumer trend toward seeking outpatient care will continue, as forecasts indicate such visits will grow by more than 25% in the next decade. The UC Irvine Health goal is to increase access to academic-based medicine across the county, and we have expanded our primary and specialty care presence in Irvine, Costa Mesa and in north Orange County. We are continuing to develop additional opportunities. As the county’s only academic medical center, UC Irvine Health plays a unique role, providing unduplicated services directly to patients in hospital and outpatient settings, including tertiary and quaternary care, and acting as a resource for community hospitals whose

patients require higher levels of care available only from UC Irvine Health specialists.

**Carlos A. Prietto, Hoag Orthopedic Institute:** The centerpieces of our model are our inpatient hospital and two ambulatory surgery centers. That was a purposeful decision because we believe that outpatient care is a trend that will continue to help patients with cost savings and convenience. We were one of the first hospitals in the nation to perform total hip replacement on an outpatient basis – the patient coming in for surgery in the morning and then going home in one day with no overnight stay. When I was an orthopedic resident, this concept was not even in anyone’s imagination. In those days, total hip replacement patients spent days – sometimes a week or more – in the hospital. Today, we continue to perform more surgeries on an outpatient basis, a move we will continue to drive as a leader and innovator in our industry.

**Barry Arbuckle, MemorialCare Health System:** At MemorialCare, we are revolutionizing value in health care. With our commitment to high-quality, exceptional service and affordability, we are profoundly different today than a decade ago. This is evident in our dramatic transformation into convenient, community-based, lower-cost outpatient services and from fee-for-volume to a fee-for value model. With five hospitals and over 200 outpatient physician, urgent care, imaging, kidney dialysis and surgery centers throughout Orange County, Long Beach and South Bay, we’re uniquely positioned to provide the best in health, wellness, prevention, chronic disease management and treatment in the right location with the right services at the right price—with substantial savings 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 lower-cost outpatient centers without overnight stays. And we are unveiling more health care centers, innovative programs, progressive partnerships and comprehensive services located where people live and work.

**Ray Chicoine, Monarch HealthCare:** Through our partnership with Surgical Care Affiliates, which operates several ambulatory surgery centers in Orange County, we are embracing outpatient surgery as a larger part of our model of clinical integration. We can achieve better quality outcomes for patients and, importantly, reduce costs through this approach. Moreover, patients, employers and families like the convenience of outpatient care.

*continued on page B-42*



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## HEALTH CARE ROUNDTABLE



“For many individuals, emergency rooms continue to be utilized as their source of non-emergent care for several reasons. These include, not having a personal primary care physician, difficulty in accessing their primary care physician at times that are convenient. At Kaiser Permanente, we are consistently focused on providing timely, and convenient access, to non-emergent care for our patients.”

**Mark E. Costa**  
*Senior Vice President*  
Kaiser Permanente

**Data suggests that emergency room visits are still considered a primary source for care. Is this true, and if so, what can be done to lessen overall usage for non-emergent cases?**

**Suzanne Richards, KPC Health:** There are a few small policy changes that could have tremendous impact on reducing overcrowding in the Emergency Department. A significant amount of Emergency Department visits is related to individuals experiencing a behavioral health crisis. A Crisis Stabilization Unit (CSU) is a much more appropriate place for individuals to receive the care they need. It’s important that government agencies, health care providers, and other vested parties work together to get patients the treatment they need in the setting they need it. Instead of officers or paramedics taking those in crisis to an ED, they would go directly to a CSU.

**Mark E. Costa, Kaiser Permanente:** For many individuals, emergency rooms continue to be utilized as their source of non-emergent care for several reasons. These include, not having a personal primary care physician, difficulty in accessing their primary care physician at times that are convenient. It too may be due to other barriers to care including transportation challenges or a lack of health care insurance. At Kaiser Permanente, we are consistently focused on providing timely, and convenient access, to non-emergent care for our patients. Access to care through our Urgent Care sites, convenient hours for scheduled primary care visits, and care through non-traditional options, such as tele-health, are our key strategies to best meet our patients’ needs. All health care providers must provide care in a timely and convenient manner, which is optimal for the patient and is delivered in the highest-quality manner.

**Employers, physicians, insurers and hospitals can no longer work in silos. What are the most exciting, innovative partnerships you’re seeing right now? Can you provide some examples?**

**Richard Afile, St. Joseph Hoag Health, Providence St. Joseph Health Southern CA Region Orange County / High Desert:** The stakeholders in health and physical well-being are not only individuals, but also employers, insurers and those who provide health services, including doctors, hospitals and others. Historically, these stakeholders have functioned separately with very little collaboration. It’s become well-known that collaboration in health care greatly improves outcomes and can reduce costs. Today, we’re increasingly seeing employers, insurers and providers partnering to improve services to individuals receiving care. The result is better outcomes and lower cost for all participants in care delivery. These lower costs and outcomes are vital because

consumers value and deserve affordability and consistency. St. Joseph Hoag Health has partnered with employers and health plans like Western Digital and Cigna in order to create better ways to care for employees and individuals. The benefits to cost and quality are significant and promote continued collaboration, now and in the future.

**Universities and biotechnology/pharmaceutical industries can establish strong partnerships that are mutually rewarding to both entities and improve the well-being of society. How can academia and the pharmaceutical industry work together to facilitate research discoveries and make them available for the people who need them at affordable prices?**

**Keykavous Parang, Chapman University School of Pharmacy:** The partnerships between universities and the pharmaceutical industry have become prevalent in order to explore breakthroughs in basic science with potential translation into clinical development. Approximately half of biotechnology companies have been founded by university researchers with academic affiliations. The landscape of alliances between universities and the pharmaceutical industry is extremely broad and requires a negotiated agreement on ownership of intellectual property, mutual financial benefits and the specific contributions by each partner. The partnerships can include laboratory, clinical, and professional services, general research agreements, clinical trial operations, collaborative drug development, sharing equipment and facility, general research support for a single principal investigator or master agreement with several scientists to work on a specific area of interest by the partners, fee-for-service agreement, establishing a center within the university with multiple investigators by donation from the company—such as Drug Discovery Center, screening compounds from academic scientists, and translating basic science to medicine.

**Howard J. Federoff, University of California, Irvine, UC Irvine Health System:** A strong partnership is critical, especially as research funding from the National Institutes of Health and other federal sources continues to sink below 1990s levels. The pharmaceutical and medical device industry requires the insight and expertise of UCI physician-scientists in fields such as neuroscience and cancer care, which in turn affords the Orange County residents access to clinical trials not available anywhere else. The relationship goes the other way as well, as UCI works with industry to bring the university’s research innovations to a greater number of patients. This translational research, also known as bench-to-bedside

*continued on page B-44*



## OVERALL HOSPITAL QUALITY



IN 2016, THE ENTIRE TEAM AT HOAG ORTHOPEDIC INSTITUTE ACHIEVED THE FOLLOWING QUALITY INDICATORS:

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5-STAR HOSPITAL QUALITY RATING FROM U.S. CENTERS FOR MEDICARE & MEDICAID SERVICES (HOI WAS AMONG TWO PERCENT OF HOSPITALS NATIONWIDE AND WAS THE ONLY ORANGE COUNTY HOSPITAL AWARDED ALL FIVE STARS)

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## HEALTH CARE ROUNDTABLE



“Decades ago, MemorialCare Health System began rigorously documenting our quality through extensive clinical outcomes assessment. Best Practice Teams gather and update evidence-based medical literature and clinical guidelines to identify the best diagnostic, treatment and preventive methods that then become standard practice in our hospitals, outpatient centers and physicians’ offices.”

**Barry Arbuckle, PhD**  
**President & CEO**  
**MemorialCare Health System**

science, is critical component of our mission as an academic center.

#### **What is the role of an academic medical center in the health care reform era?**

**Howard J. Federoff, University of California, Irvine, UC Irvine Health System:** An academic medical center is expected to remain on the leading edges of discovery and complex care delivery. Indeed, those are key elements of our three-part UC Irvine Health mission: Discover. Teach. Heal. Academic centers continue to be backbone of regional safety nets and provide tertiary and quaternary care unavailable elsewhere in the community. Though the future of health care reform legislation is uncertain, institutions such as UCI and the University of California Health system are uniquely poised to lead modern medicine to an era of precision medicine and wellness, and leverage that focus to advance individual and population health.

#### **Personalized medicine is oriented toward prevention and treatment plans more closely related to the individual patient through the development of sequencing genomes, monitoring technology and correlating biological information with health data. Will disease risk prediction and genome-based drug therapy fulfill the promise of benefiting the public health? How will personalized medicine influence the health care costs?**

**Ray Chicoine, Monarch HealthCare:** Personalized care is the future, and there are many tools that create models for ideal patient care. By using patient claims data to create a predictive model for patients, we are able to, with significant accuracy, determine which patients are likely to get chronic conditions such as diabetes, congestive heart failure or chronic obstructive pulmonary disease (COPD). We then reverse engineer our care path for those patients to help prevent such conditions from becoming a reality. Armed with this information, our doctors then create specific wellness programs that address risk factors associated with these conditions. They’ll prescribe preventative measures, such as exercise, special diets and other lifestyle modifications. A personalized program will help our patients stay on the path to optimal wellness.

**Keykavous Parang, Chapman University School of Pharmacy:** The application of personalized clinical evaluations tools have enabled holistic analysis of individual human genomes at a reduced cost and within a short period. Personal sequencing has become commercially available to predict better, diagnose and treat diseases by individualized intervention. The potential for personalized medicine to optimize treatment and prevention in diseases such as cancer has begun to be realized. Personalized

sequencing has impacted cancer treatment by identifying mutations that can suggest therapeutic intervention. A number of FDA-approved anti-cancer drugs contain drug label information that includes clinically relevant biomarker pharmacogenomics information. Furthermore, this tool has shown potential in cancer diagnosis. For instance, mutations in the *BRCA1* and the *BRCA2* pathways are frequently observed in ovarian cancer patients. In general, personalized sequencing is developing to become an integral part of the broad spectrum of clinical cancer care that includes disease screening, diagnosis, personalized pharmacogenomic-based therapeutic intervention, and progression and recurrence surveillance.

#### **How does measurement-based care improve patient outcome and treatment?**

**Barry Arbuckle, MemorialCare Health System:** Systematically measuring health care by using specific metrics that matter to patients can produce remarkable results. Decades ago, MemorialCare Health System began rigorously documenting our quality through extensive clinical outcomes assessment. Best Practice Teams gather and update evidence-based medical literature and clinical guidelines to identify the best diagnostic, treatment and preventive methods that then become standard practice in our hospitals, outpatient centers and physicians’ offices. These are supported by our highly sophisticated information system capabilities providing timely, trusted analytics that help enable fact-based, decision-making to improve quality, patient experiences and communications, and decrease hospitalization and duplication. High-performance analytics solutions using cutting-edge big data and massively parallel processing capabilities provide access to billions of data points in meaningful, physician-vetted solutions offering near-instantaneous response time, allowing physicians to analyze and evaluate results to determine best outcomes. Using these tools has enabled extraordinary improvements in care, saving lives, reducing hospital stays and improving overall health.

**Tonmoy Sharma, Sovereign Health:** The lack of standardized measurements in addiction care and treatment often leads to undetected deficits in patients, and poorly conceived treatment plans. Measurement-based care has many benefits that impact both treatment and outcome. Patients benefit from having an avenue for communicating with their health care providers about symptoms, or medication side effects, for example. Clinicians gain insight into their patient’s condition and progress over treatment, allowing them to provide more effective care. Third-party

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## HEALTH CARE ROUNDTABLE



“Medicine used to think DNA was destiny. Now it’s understood that the interaction between genes and our environment play a strong role in determining whether the gene that might cause hypertension or diabetes gets turned on or stays off. You could have the gene for a certain kind of cancer...but, depending on your lifestyle, your behavior, your exposure to stress and environmental factors...you could turn that gene off.”

**Howard J. Federoff, MD, PhD**  
*Vice Chancellor, Health Affairs*  
*CEO, UC Irvine Health System*  
 University of California, Irvine

payers are assured that the care they are covering is achieving the intended goal (s). Research has shown that this model can lead to extraordinary results in patients’ recoveries. By applying measures that evaluate treatment on a continuous basis, we are able to get feedback from patients, and significantly improve outcomes. Imagine if every behavioral problem, when measured against the associated cognitive impairment, was defined by the resulting number – what’s normal? What’s above or below normal? And what is the ideal care and treatment at each level?

**How is your organization using performance guidance to improve the clinical outcome of patients and give clinicians better feedback, as well as improving patient treatment? How are health care systems managing increased demands for patient data?**

**Tonmoy Sharma, Sovereign Health:**

Addiction and mental health treatment has come under pressure to show effectiveness, and be more accountable to justify costs. One way to overcome these challenges is to use evidence-based practices and enhance treatment quality, effectiveness, and accountability. This model creates a system of reliable and valid measurement of patient-reported outcomes during treatment in the clinical context in which care is provided. We know this works; more than a dozen randomized, controlled trials, and several meta-analyses, have shown strong empirical support for routine outcome monitoring in clinical practice. This shifts the emphasis from “evidence-based practice” to “measurement-based care.” Feedback informed treatment is the key. It is built on the premise that patients deserve the best care possible, and should weigh in on how their treatment is working for them. As such, a treatment’s value should be assessed by actual treatment outcomes. By focusing directly on the most important factor - outcomes - informed care directly focuses on impacting the quality of service, both in individual practice and in large health care systems. Several studies have shown us that routinely using patients’ self-reported treatment outcome questionnaires results in both longer treatment length and significantly improved outcomes for at-risk patients as compared to similar patients treated by therapists who do not provide patients’ self-reported outcomes. It seems simple – outcome-informed care leads to improved patient outcomes by reducing treatment failures. But despite the studies, despite the acceptance that an evidence-based care model works best, less than a fifth of clinicians and health care systems use this model. We need to change, and what better time than the present, with the media and legislators focused on the national opioid epidemic? Measurement-based care is 21st century medicine at its best.

**How can emerging research and science in the field of population health impact health and wellness?**

**Keykavous Parang, Chapman University School of Pharmacy:** This field of research considers multiple parameters, such as genetic, environmental, behavioral, and biologic factors, and the interactions between them in groups of individuals (e.g., common race, social status, country, workers) in a time period and across generations to determine the health outcomes, such as mortality and quality of life. The data can be used to improve population health. For example, population-based cancer research can provide critical information that determines policies and programs that directly influences the public health in the United States each year. For example, population health research led to reducing a number of people who smoke, the addition of warning labels on cigarette packages and enforcing public smoking bans. These changes will continue to significantly impact the public health and awareness.

**Howard J. Federoff, University of California, Irvine, UC Irvine Health System:**

Medicine used to think DNA was destiny. Now it’s understood that the interaction between genes and our environment play a strong role in determining whether the gene that might cause hypertension or diabetes gets turned on or stays off. You could have the gene for a certain kind of cancer or the gene for having a heart attack early in life but, depending on your lifestyle, your behavior, your exposure to stress and environmental factors like pollution, you could turn that gene off. That’s a powerful idea. If we expand this principle to entire groups, we can effect population wellness on levels never before seen.

**Some health systems are creating innovation and venture funds to encourage advancements in health care products and services. What has been your organization’s involvement in these, what are some of the key areas of investment and how does your organization make its investment decisions?**

**Barry Arbuckle, MemorialCare Health System:**

Strategic investments can accelerate innovation in health care; improve quality and outcomes, decrease costs; and positively impact patients and health care 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 health care advances. Summation Health Ventures, a partnership between MemorialCare and Cedars-Sinai focuses on information technology; technology-related health

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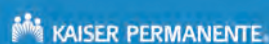
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## HEALTH CARE ROUNDTABLE



“The future of health care in Orange County is very bright, primarily because we are focusing our services on the needs of patients and individuals; we are moving from a focus on the structures of health care delivery to being laser-focused on the needs of people. For the physician, nurse and other clinical staff, this focus...provides freedom from much of the bureaucracy and politics.”

**Richard Afable, MD**  
**President & CEO**  
**St. Joseph Hoag Health,**  
**Providence St. Joseph Health**  
**Southern CA Region Orange County /**  
**High Desert**

services and medical devices, providing emerging companies a powerful potential for value creation thanks to our diversity and strengths. For two decades, MemorialCare Innovation Fund has fostered strategic partnerships centering on health care programs, services, medical devices and information technology. Accomplishments include investments focused on automating follow-up care connecting doctors, patients and caregivers between visits with important clinical information; technology that more accurately monitors blood loss during surgery; communications platforms that streamline and speed communications among physicians, nurses and hospital staff; and technology to assess knowledge and create individualized learning paths to improve clinical performance.

**What do you see as the greatest challenges facing health care organizations and what steps are you taking to meet those challenges?**

**Mark E. Costa, Kaiser Permanente:** All health care organizations are now challenged to move from a focus on solely caring for those who are sick to a focus on keeping our communities healthy. This has been the goal of integrated health systems, such as Kaiser Permanente, for over 70 years. And with this challenge, we as an industry are learning that many factors impact the health of everyone served, with some being beyond the immediate influence of the health care organizations themselves. Some of the factors impacting the health of our communities include, the safety of the environments in which we live; access to healthy food and park space; access to jobs and a living wage, as well as available social service resources. These challenges can best be addressed by health care organizations working in conjunction with local government, nonprofits, and other private sector industries to address each of these high-priority needs.

**Michael L. Lawhead, Stradling:** Data privacy and protection is a significant challenge facing health care systems. As health care systems and providers rely on interconnected systems and technologies to manage patient care, hacking and data theft become significantly greater risks, particularly due to the sensitive nature of patient information. Health care systems must also be increasingly vigilant in their efforts to comply with HIPAA. We will see increasing investment by health care systems in cybersecurity and enhanced data systems, commensurate with their investments in other technological advances, to address these challenges and to protect patient data from these risks. We will also see health care systems increase their headcount of skilled IT personnel to manage these processes and systems.

**Ray Chicoine, Monarch HealthCare:** Delivering quality care is our singular focus and commitment at Monarch. New regulations and mandates impact the way doctors practice,

particularly because they require more attention to data collection. At Monarch, we are working to take the heavy load of paperwork off the shoulders of physicians so they can focus on patient care. This addresses several challenges, including physician burnout. Data is important because it serves to highlight how best to deliver care, especially for communities that are underserved and vulnerable, such as the frail elderly. Understanding data also tells us that moving from a health care culture focused on the “sick” to one of prevention makes the most sense. That’s why we’ve invested in technology and advocacy to prevent diseases through increased screenings, communicating with our patients and services that deliver savings down the road for the patient, taxpayers and society.

**Health care is an interesting and often fulfilling profession. What makes you most optimistic about the future of health care in Orange County? How will a physician/clinician trained today be different than those trained several decades ago?**

**Richard Afable, St. Joseph Hoag Health, Providence St. Joseph Health Southern CA Region Orange County / High Desert:** The future of health care in Orange County is very bright, primarily because we are focusing our services on the needs of patients and individuals; we are moving from a focus on the structures of health care delivery to being laser-focused on the needs of people. For the physician, nurse and other clinical staff, this focus on the needs of patients provides freedom from much of the bureaucracy and politics. Particularly, this freedom allows our young clinicians to do what they do best, which is to take great care of patients. This can only be seen as positive for the future of health care and our ability to continue to improve the health of our community.

**Howard J. Federoff, University of California, Irvine, UC Irvine Health System:** UC Irvine is pioneering the future of inter-professional health sciences education with the UCI College of Health Sciences, which is comprised of the UC Irvine School of Medicine, the UCI Sue and Bill Gross School of Nursing, program in population health and department of pharmaceutical sciences. Modern medicine still tends to look at treatment based on symptoms and anatomy. We are training health sciences professionals, including doctors, nurses, pharmacists and public health specialists, to instead take a systems medicine approach treating and preventing disease. We will educate this next generation to transcend current boundaries; foster clinical programs with an increased focus on lifestyle, prevention, wellness and optimal health; and promote discovery of an expanded set of tools and platforms that fosters a systems approach to health, including all forms of evidenced-based healing.

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