

Health Care

A ROUNDTABLE DISCUSSION



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The health care industry as a whole has faced an incredible array of challenges over the last few years, and has rallied by making improvements, enhancements and adjustments to protocols, all while providing services that are the most essential to those in need. Responsibility has fallen squarely on the shoulders of the health care sector to lead the way through the post-pandemic new normals, while providing answers and best practices for the people and businesses of the San Fernando Valley and beyond.

With new workplace norms, insurance coverage considerations, emerging new tech, and more, business leaders have many questions when it comes to the wellness of their employees. What new protocols are in place and here to stay? What steps are hospitals taking to protect our safety? Will outpatient care continue to trend upward? How has the insurance coverage landscape altered? To better explore these and many other pressing health-related issues, the San Fernando Valley Business Journal has discussed insights, suggestions and best practices from three health care experts and thought leaders from the region.

HEALTH CARE ROUNDTABLE



What is your outlook for the future of the health care system as we move into the second half of 2023?

CHEW: As we move into the second half of 2023, the health care system is continuing to recover from post-pandemic-related issues. Many hospitals are facing difficult financial challenges, while outpatient clinics are struggling to provide required appointment access for care that was delayed due to the pandemic. These problems are being compounded by challenges with hiring many types of staff and physicians.

BAACKES: The biggest concern for Medi-Cal providers in California centers on reimbursement rates. More than 13 million Californians, or one in every three residents, relies on Medi-Cal for their health care coverage. Yet, California shamefully ranks 40th in the nation for what we pay safety net providers, despite having one of the highest costs of living. Medi-Cal providers are paid only 60% of what Medicare providers receive and only about 33% of what is paid to treat commercially insured patients. We applaud the state's decision to add covered benefits and eligible populations, but



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the low reimbursement rates make it more difficult to recruit and retain physicians in safety net clinics and practices. That puts a strain on hospital ERs, which become de facto primary care providers. Last year, L.A. Care launched the California Safety Net Coalition, a multi-stakeholder group of advocates working to champion increased, sustainable funding for Medi-Cal providers.

How does California's health care outlook differ from other parts of the country?

MAYES: Hospitals are challenged in general by labor shortages and continued financial recovery from the COVID-19 pandemic. In addition to the overall nationwide challenges, safety net hospitals continue to be under extreme financial limitations from the California state Medi-Cal program and the potential cuts (effective October 2023) to the Medicaid Disproportionate Share Hospital (DSH) federal funds to safety net hospitals in California. Additionally, hospitals in California are dealing with financing seismic requirements that must be met no later than January 1, 2025. The latest report from nationally respected hospital consulting firm Kaufman Hall, "Hospitals at Risk Throughout California," reports that 2022 was the worst financial year for California hospitals since the pandemic began in 2019 and that one in five hospitals are at risk for closure in California. This is of great concern by hospital providers at risk and the communities served will no longer have access to acute medical care.

BAACKES: Health care is complex no matter where you are in the country, but the California system adds to the complexity. Some health plans use a delegated model, where they contract with networks, called medical groups or independent physician associations (IPA), who serve as middlemen between the plan and the provider. At L.A. Care, with our plan partners, we are working with as many as 60 delegated



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entities, and have found that there can be inconsistency in delivery with this model. We instituted two things to address this. We launched the L.A. Care Direct Network, where providers contract directly with L.A. Care, eliminating the need for delegation. This brings us closer to the provider to have greater influence over quality. We now have 1,752 providers in the network. In 2016, we also launched the Value Initiative for IPA Performance (VIIP), a proprietary scoring tool to assess performance of the medical groups.

Will outpatient care continue to trend upwards?

CHEW: The upward trend towards outpatient care is likely to continue. Physicians and professional staff within various health systems are continuing to demonstrate the ability to perform various procedures with the same or higher quality than those being done in the inpatient setting. At the same time, payors prefer outpatient care because it is more cost-effective, and patients prefer this as well due to convenience related factors.



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HEALTH CARE ROUNDTABLE

Southern California has a critical shortage of inpatient psychiatric and behavioral health care, and a rising need. How do we move forward to meet that demand?

BAACKES: In 2018, to address a growing physician shortage, L.A. Care launched Elevating the Safety Net, a \$155 million initiative to recruit and retain highly qualified primary care physicians and psychiatrists. The initiative offers grants to L.A. County safety net clinics and practices to use as salary subsidies, sign-on bonuses and/or relocation costs to recruit new physicians and psychiatrists into the safety net. It also includes loan repayment grants, which frees providers from the financial burden that could force them to leave the safety net. This year, in partnership with Health Net, L.A. Care invested in a mental telehealth project in Los Angeles County public schools. The health plans committed \$24 million to the project that will give the county's 1.3 million K-12 public school students access to virtual mental health support with a qualified therapist. The project will result in shorter wait times for students to receive care.

What can the health care sector do to prepare for a potential future crisis such as another pandemic scenario?

MAYES: We have survived through the worst of the pandemic



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in 2020-2021. As a result, hospitals now have mitigation plans in place to promote early preparation, and assertive implementation of strategies to position themselves to be over-prepared for the next COVID-19 upsurge or any other type of mass emergency.

How is consumerism impacting the health care industry and how are hospitals and health systems responding?

CHEW: Patients have long been comparing their consumer experiences outside of health care to the experiences we provide. The big challenge we now face is that other industries have been quicker to meet the demands of their consumers. Hospitals and health systems are playing catch up to some extent but are now extremely focused on making the distinct options for accessing our care delivery systems much more convenient and patient friendly.

For many years we've been hearing how data and analytics can improve the quality of patient care. In your view, how is data being used to improve and prevent people from getting seriously ill?

BAACKES: All elements of the health care Triple Aim – improving the health of populations, reducing per capita costs, and improving the patient experience – are measured using data and analytics. Data is used to help providers understand the complexity of patients' health care needs. For example, metrics might indicate how many individuals have seen their primary care provider, or how many have received immunizations, cancer screenings, and treatment for conditions such as diabetes or high blood pressure. This data allows health plans, care managers, and providers to work together to help get patients the care they need before health issues worsen. The same data may be used to calculate risk scores that can identify individuals more likely to be hospitalized or die. Those scores can be used to better target individuals in need of more intensive support. Data is also used to help identify geographic areas with specific health care needs.



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Are wellness programs worthwhile investments for employers in 2023?

CHEW: Certain investments in wellness programs may be worthwhile for employers in some cases, but more importantly, leaders should strive to stay closely connected to their employees through frequent check-ins, huddles, and round- ing. There is no substitute for spending quality time with your teams and individual employees, listening to concerns, and providing support as needed.

What are the strategic goals of hospitals and health systems in 2023?

MAYES: One of the strategic goals for Pacifica Hospital includes continued outreach to local and state legislative officials to educate and advocate for any legislative bills that will support the funding for distressed hospitals and access to health care for the communities served. Safety net hospitals need to be recognized on the state and federal level for funding support. Another goal is to prioritize and streamline services that will increase access to medical care and mental health of the communities served. Working with the health care managed care partners to provide timely funding of services already provided to their members is critical during this time of financial hardship due to the schedule change of reimbursement from the Quality Assurance Fee (QAF) program.



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Although mind and body are often considered separate, mental, and physical health are closely linked. At the Pacifica Hospital of the Valley, we have developed new approaches that ensure that mental and physical health needs are prioritized in the management of health care for our communities. Patients with a mental disorder have the same access to services as those with broader physical health needs. Our integrated models of physical and mental health services are designed to build approaches for both. Without separating the two and reducing major health inequalities or barriers to health care for some of our most vulnerable mental health patients and those with general medical needs.

The time has come to recognize mental health as a critical component of physical health.



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HEALTH CARE ROUNDTABLE



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-JOHN CHEW

What is your organization doing to ensure we close the health equity gap in our communities?

BAACKES: L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. It developed a wide-ranging action plan directed by a Chief Health Equity Officer. Medi-Cal redetermination is a priority. After three years of continuous enrollment during the COVID-19 public health emergency, Medi-Cal beneficiaries must now reenroll to ensure eligibility. L.A. Care has initiated a host of activities to educate members and aid in enrollment to ensure those who are eligible stay enrolled. Addressing social factors that affect health outcomes is another focus area. Through the state's new Medi-Cal initiative (CalAIM), L.A. Care is providing enhanced care management and community supports to help high-risk members with things like housing navigation, medically tailored meals, personal care services, and more. L.A. Care is offering community support services, such as grants and other outreach, to increase pre- and postpartum services



for Black birthing individuals.

CHEW: Everyone deserves equal access to high-quality care, and this is at the heart of what we do at Kaiser Permanente. We examine the data contained in our electronic medical record to guide us as to where we should focus our efforts. We study quality and outcomes data by various patient demographics to help us make those decisions. The strategies to close gaps can be complex as we must determine whether optimal solutions involve communication, cultural, socioeconomic, and/or delivery system issues. We recently started a promising program that utilizes patient ethnography to better understand the challenges directly from the voices of our patients.



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Keep yourself and your family covered.

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L.A. Care
HEALTH PLAN



Living With Long COVID-19

CCOVID-19 usually lasts a few days or weeks. However, some people experience what's known as long COVID-19. For those long haulers, new or lasting symptoms might continue or recur for months.

If you're living with long COVID-19—or any chronic condition—adjusting to life with long-term symptoms like fatigue, breathing troubles or anxiety can be a challenge. Those symptoms can affect your daily life in many ways. This advice from HelpGuide.org, the Centers for Disease Control and Prevention, and other experts can help you cope.

COPING WITH LONG COVID-19

Long COVID-19 is linked to many symptoms. Some of the most common include fatigue, anxiety, depression and what's known as “brain fog.” Those symptoms can make it harder to enjoy the activities that matter to you. But you can take steps to manage them.

CONNECT WITH SUPPORT

Staying connected with friends and family and enjoying social activities may improve your mood and emotional well-being. A support group may be a good option too. Talking to people who have had similar experiences—and who know just what you're going through—can help too. Look online or in your community to find support for people

with long COVID-19 or with other chronic conditions.

MANAGE YOUR FATIGUE

To work on feeling better rested, find a balance between physical activity and rest. That means you shouldn't overdo it. But exercise can boost your energy, and setting a regular pattern for getting more active can help.

Another way to manage fatigue is by getting better rest. A bedtime routine can help you unwind and improve your sleep. Try playing music or taking a hot bath. Relaxation techniques, such as meditation and deep breathing, may also help.

DISCOVER NEW WAYS TO ENJOY YOUR LIFE

Make sure to pursue activities that let you have some fun. Learning something new or picking up a hobby you've neglected can help you find joy.

MAKE HEALTHY CHOICES

Limit sugar and caffeine, which may contribute to anxiety. Other steps to boost your health can help you feel better—and may help you manage your symptoms. To help yourself stay as healthy as possible:

- Eat a healthy diet.
- Don't smoke.
- Avoid alcohol.

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TALK TO YOUR DOCTOR

Let your doctor know what you are experiencing. That includes your symptoms and what makes them better or worse. Before you see the doctor, it can help to write down what you want to tell them. Also, write down what they tell you during the appointment—or bring a friend or family member with you so they can help you remember.

RECOGNIZE SEVERE SYMPTOMS

Seek medical help right away if you experience:

- Chest pain.

- Trouble breathing.
- Severe sleepiness.
- A significant change in weight.

GET HELP FOR DEPRESSION AND ANXIETY

Managing a long-term illness can affect your mood. And long COVID-19 is linked to depression and anxiety. Treatment can help. If you are feeling anxious or depressed be sure to mention this to your doctor.

Information for this article was provided by Henry Mayo Newhall Hospital. Learn more at henrymayo.com.

HEALTH CARE ROUNDTABLE

Encino Hospital Medical Center and Sherman Oaks Hospital Launch GetCareNow Scheduling Technology

Program enhances ER experience, enabling patients to reserve an appointment for non-life threatening care

Encino Hospital Medical Center and Sherman Oaks Hospital are offering members of the community an enhanced emergency room experience, furthering its mission to provide the very best care to communities, where and when they need it.

Both of the hospitals' emergency departments now offer a technology called "Get-CareNow," which allows patients to reserve an appointment, via the hospital website, to be seen in the ER. Patients fill out a brief, secure form, and no username or password is required. The tool can notify the patient if there is a change that may extend the patient's wait, or a notification will be sent if the patient can arrive at the ER sooner.

The easy-to-use tool provides added convenience for those with non-life-threatening emergent needs. Priority is given to patients who reserve an appointment through Get-CareNow over "walk-in" patients with similar symptoms.

"Our priority is to provide patients an exceptional experience, and that includes the ability for patients to schedule an appointment online

'Our priority is to provide patients an exceptional experience, and that includes the ability for patients to schedule an appointment online and wait safely at home.'

EM V. GARCIA

Encino Hospital Medical Center and Sherman Oaks Hospital

and wait safely at home," said EM V. Garcia, chief executive officer of Encino Hospital Medical Center and Sherman Oaks Hospital. "We know life is busy, and our team of caregivers in the emergency room is honored to ease the stress involved in these situations. We always strive to deliver the very best care."

Importantly, GetCareNow is only for non-life or limb-threatening emergencies. If you are experiencing chest pain, trouble breathing or symptoms of a stroke, call 911 immediately.

GetCareNow is a feature of the newly designed Encino and Sherman Oaks Hospital website. The new website offers a modernized web presence and supports the digital patient journey across the care setting. With "Action

Buttons" featured on every page, patients can easily find a doctor, schedule appointments, contact us, and get directions. In addition, there are customized menus for patients, providers, job seekers, and visitors.

Platform capabilities include a 24/7 chatbot, patient prep instructions, patient e-registration, secure messaging, post-visit virtual check-ins, and patient feedback and reviews. Some of these functions will roll out now, and others in the near future. All of these functions serve to improve communication, care coordination, and the experience for patients, physicians, and staff.

ER arrival times can be reserved via shermanoakshospital.org/get-care-now or encinomed.org/get-care-now.

ABOUT ENCINO HOSPITAL MEDICAL CENTER

Not-for-profit Encino Hospital Medical Center, part of the Prime Healthcare Foundation, is a 150-bed state-of-the-art hospital located in Encino. Its multi-disciplinary staff consists of 330 physicians and 520 professional support staff. Encino Hospital Medical Center serves a diverse population and incorporates elements of urban and suburban medicine in a caring environment. It offers a wide array of inpatient and outpatient services. The hospital is consistently at the forefront in providing innovative and integrated healthcare. For more information, visit encinomed.org.

ABOUT SHERMAN OAKS HOSPITAL

Sherman Oaks Hospital, a member of Prime Healthcare Foundation, is a 153-bed, not-for-profit, acute-care community hospital located in Sherman Oaks. Staffed with over 500 employees and an extraordinary team of physicians, the hospital is recognized for advanced technology and compassionate care and provides 24/7 emergency care in addition to a full range of specialized medical, surgical, and diagnostic services to improve and save lives. Sherman Oaks Hospital is nationally recognized as a "100 Top Hospital" by IBM Watson Health. For more information, visit shermanoakshospital.org.

New Study Reveals A.I.'s Effective Role in Treating Patients with Peanut Allergies

The Food Allergy Institute (FAI) in Long Beach announced last month that a peer reviewed paper authored by its founder Inderpal Randhawa, MD, has been published by the clinical journal PLOS ONE. The paper, titled "Food Anaphylaxis Diagnostic Marker Compilation in Machine Learning Design and Validation," co-authored with data scientists Kirill Groshenkov and Grigori Sigalov, is the first peer-reviewed study to analyze the role and effectiveness of machine learning in actively treating patients with severe food allergies.

"We're gratified to share our work – truly a first in clinical medicine of any medical specialty to demonstrate the effective harnessing of machine learning – via the peer-reviewed PLOS ONE journal," said Dr. Randhawa. "The treatment technique used, the Tolerance Induction Program (TIP), is a clinical therapeutics model steeped in data science and innovations in machine learning to treat patients with severe food allergies. With over 8,000 patients now in remission from food anaphylaxis as a result, AI is at the core of each successful, unique patient treatment experience."

Since 2007, the institute's founder and CEO, Dr. Randhawa, has placed a priority on applied math, machine learning design and artificial intelligence, utilizing trillions of data points and data sets to establish tailored programs for each patient.

"We now have over a decade plus of machine learning and AI experience," said



Dr. Randhawa. "The specific build and application of our AI to treat food anaphylaxis has had a remarkably consistent and clear result. Patients enter the process with anaphylaxis. And leave the program with what we call 'food freedom' – free of their previously deadly food

allergies – all thanks to constantly evolving machine learning."

The applied math and AI designed, analyzed, boosted and optimized at the Food Allergy Institute is a decade-plus effort resulting in the newly published study. Food Allergy

Institute, which utilizes its proprietary, end-to-end data system, leads patients from the start of the Tolerance Induction Program to years of remission, driven by the data assortment and dynamics that lead to a clinical experience that is enhanced daily.

"We often hear the phrase 'bench to bedside' to describe how science brings research to patients," added Dr. Randhawa. "With the TIP methodology we are pioneering at the Food Allergy Institute, our patients are directly integrated into our machine learning and AI systems, which overlay research science and clinical therapy simultaneously – every minute of every day – as our patients reach and maintain remission. It is rewarding to be able to demonstrate, via a published, peer-reviewed study, this cross section of where applied math meets medicine, and the tremendous quality of life improvements that our patients and their families are experiencing as a result."

"The publication of this study is a precursor to our pending FDA submission for approval of TIP as a medical treatment model," added Dr. Randhawa. "The 20 trillion data points we have collected allow us to formulate treatment plans that safely treat each patient's unique food allergies with an individualized treatment plan. We are excited to further explore the cusp of what we believe is a game-changing approach to clinical treatment of anaphylaxis and, ultimately, scores of other conditions."

Learn more at foodallergyinstitute.com.