

HEALTHCARE ROUNDTABLE

An Informative Q&A with OC's Top Healthcare Professionals



Barry Arbuckle, PhD
President & CEO
MemorialCare



Scott Aston
Senior Vice President & Partner
Burnham Benefits Insurance Services



Ray Chicoine
President
Monarch HealthCare



Mark E. Costa
Senior Vice President
Kaiser Permanente



Richard J. Gannotta
Interim CEO
UCI Health



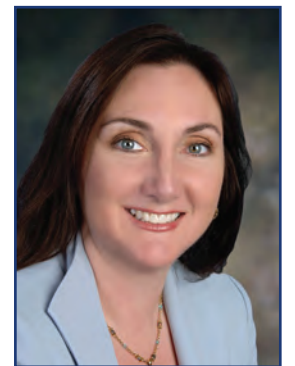
Kathleen M. Marcus
*Shareholder & Co-Chair, Enforcement
Defense & Investigations Practice Group*
Stradling



Jennifer Mitzner
CEO
Hoag Orthopedic Institute



Gene Rapisardi
*Market President, Southern
California & Nevada*
Cigna



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



Will Righeimer
CEO
Lindora



Tonmoy Sharma, M.B.B.S., M.Sc.
Founder & CEO
Sovereign Health



Yasith Weerasuriya
President & CEO
Stanbridge University



Erik G. Wexler
Chief Executive
Providence St. Joseph Health
Southern California Region



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ROUNDTABLE PARTICIPANTS

Burnham Benefits Insurance Services

Burnham Benefits Insurance Services Inc. is a privately held, full-service strategic employee benefits consulting and brokerage firm based in Irvine, CA, with seven offices throughout the state offering comprehensive client-first strategic solutions. The closely held nature of Burnham allows its leadership to easily adapt and create customized programs that fit clients' best interests – investing in cutting-edge technology, and the tools and resources needed to provide the specialized level of service that today's rapidly changing business climate demands. Burnham goes Well Beyond Benefits with its cadre of highly skilled industry professionals providing unmatched personal service. Retirement Consulting and Wealth Management services are also offered through our strategic partnership with Burnham Gibson Wealth Advisors Inc. Burnham is a certified Benefits Corporation (B Corp). For more information, visit www.BurnhamBenefits.com.



Cigna

At Cigna, we're more than a health insurance company. We're a global health service company. Cigna works with employers and organizations around the world helping employees stay healthy and on the job. We work closely with brokers and consultants to develop innovative programs, help individuals and families improve their health, well-being and sense of security – and lower their medical costs. And, Cigna provides access to a global network of local physicians and hospitals – as well as 24/7/365 live customer service.



Hoag Orthopedic Institute

Hoag Orthopedic Institute (HOI) is located in Orange County, CA. 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 physicians were instrumental in establishing Hoag Orthopedics, a nonprofit founded by physicians for the purpose of conducting research, education and identifying leading-edge clinical care improvements. 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. HOI was recognized by the Centers for Medicare & Medicaid Services (CMS) as one of 112 hospitals nationwide, and one of 10 in California to earn the highest, five-star rating for overall quality of care. HOI was also rated a "Best Places to Work" by Modern Healthcare in 2016 and 2017. For more information, visit 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 11.8 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 more information, go to kp.org/share. For information about Kaiser Permanente Irvine Medical Center, visit kp.org/orangecounty and follow us on Twitter @KPOCThrive.



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.



Lindora

Founded in 1971, Lindora is one of the largest, medically supervised weight loss, wellness and consumer products companies in the United States. The nationally recognized brand has helped hundreds of thousands of people lose weight and live happier, healthier lives for nearly 50 years. Lindora's comprehensive weight management and wellness programs teach patients how to lose weight rapidly and keep it off by eating better, exercising more and managing stress more effectively. The company operates a number of brands underneath the Lindora master brand including Lindora Nutrition, Lindora Fresh, Lindora Wellness and Lindora Clinic. Lindora operates 34 weight loss and wellness clinics in Southern California. Lindora's mission is to transform people's lives through weight loss and wellness. The company is owned by Solis Capital Partners and Innovate Partners, both located in Newport Beach, CA. For additional information about Lindora, visit lindora.com.



MemorialCare

A nonprofit Southern California integrated healthcare delivery system and pioneer in best practice, evidence-based medicine, MemorialCare has more than 200 care sites; 15,000 employees, affiliated physicians and volunteers; five top community and teaching hospitals – MemorialCare Saddleback Medical Center in Laguna Hills, MemorialCare Orange Coast Medical Center in Fountain Valley, MemorialCare Long Beach Medical Center, MemorialCare Miller Children's & Women's Hospital Long Beach and MemorialCare Community Medical Center Long Beach; MemorialCare Medical Group; Greater Newport Physicians; Seaside Health Plan; and outpatient ambulatory surgery, medical imaging, kidney dialysis and urgent care centers. Among MemorialCare's many honors for its healthcare organizations include Best U.S. Health Systems, America's 50 Best Hospitals, Top Children's Hospitals in America, Nation's Top 50 Cardiovascular Hospitals, Best Orthopedic Programs, American Heart Association Gold Plus for cardiac and stroke care, Nation's Top Places to Work, Best of Orange County Hospitals and Medical Groups and the prestigious Magnet status for nursing excellence. To learn more, visit www.memorialcare.org.



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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 helping transform health care through best-in-class quality care and an improved experience through a "patient-first" philosophy of healthcare. Led by more than 2,500 private-practice physicians caring for over 225,000 Orange County and Long Beach residents, Monarch has been recognized by health plans and business groups for providing high quality care and excellent service. We aspire to be the solution for affordable quality care for all patients in the communities we serve. For more information about Monarch, please visit www.monarchhealthcare.com.



Providence St. Joseph Health Southern California

Providence St. Joseph Health Southern California is part of one of the nation's largest health systems, Providence St. Joseph Health (PSJH). Committed to improving community health with special focus on the poor and vulnerable, PSJH operates across seven states – Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. With 50 hospitals, 829 physician clinics, senior services, supportive housing and many other health and educational services, the health system and its partners employ more than 110,000 caregivers (employees). The PSJH family of organizations is headquartered in Irvine, CA and Renton, Wash.



Radiant Health Centers

Radiant Health Centers helps more than 1,300 people living with HIV in Orange County each year and is expanding to also provide compassionate and caring healthcare services to the 12,000 members of Orange County's LGBTQ community who face significant barriers to care. It has provided comprehensive social services in the community since 1985, as well as HIV prevention and outreach and free HIV and Hep C testing at its Irvine and Santa Ana locations. As of March 2018, Radiant Health Centers has added mental health services for the broader LGBTQ community in need with plans to continue expanding its health and wellness services to include a new LGBTQ health center and a healthy Orange County for all.



Sovereign Health

Sovereign Health has served adult and adolescent patients with trauma, cognitive deficits, eating disorders, mental illnesses and substance use disorders since 2009. With national treatment locations, Sovereign's high-quality, comprehensive treatment programs integrate innovative, cutting-edge cognitive testing, rehabilitation techniques and evidence-based treatment modalities. Sovereign is committed to high-quality and efficacious care for every patient and specializes in repairing cognitive deficits to promote brain wellness and help patients achieve lasting recovery. To inform the decision-making process and improve its clinical efficacy, Sovereign systematically collects clinical outcome data and valuable patient feedback. Sovereign consistently ranks as a top provider of behavioral health services, surpassing the clinical outcomes of 50 Joint Commission accredited facilities, according to independent quarterly reports by Harvard Medical School affiliate McLean Hospital. The company enjoys the distinction of providing concurrent mental health and substance use treatment, a rarity in the field. For more information, visit www.sovhealth.com.



Stanbridge University

Stanbridge University is an award-winning institution of more than 1,800 students that focuses on pre-licensure healthcare programs in Nursing, Occupational Therapy, Physical Therapy, and Veterinary Science. With core hallmarks of innovation, technology, academic rigor and service, the institution has received national recognition for its focus on service and service learning. Stanbridge houses the West Coast's first Synthetic Human Cadaver Lab, as well as one of the country's largest virtual reality labs for medical training. Stanbridge graduate OT students recently presented at a symposium for NASA on the effects of long-duration space flight to Mars and brought scuba therapy for wounded veterans to Orange County in partnership with the WAVES foundation.



Stradling

Stradling represents companies and 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 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.



UCI Health

UCI Health comprises the clinical, physician education and medical research enterprises of the University of California, Irvine. Patients can access UCI Health at physician offices throughout Orange County and at its main campus, UC Irvine Medical Center in Orange, CA, 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 17 consecutive years. UCI 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, comprehensive digest disease center, and is the primary teaching hospital for UCI School of Medicine. UCI Health serves a region of nearly 4 million people in Orange County, western Riverside County and southeast Los Angeles County.



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With the removal of the 'individual mandate' as part of the recent Tax Reform, I expect to see an increase in the number of individuals going uninsured and upward pressure on those premiums. Burnham works closely with its employer plan sponsor clients to stay vigilant to ensure compliance in their offer, pricing and reporting of coverage to their employees.

Scott Aston
Senior Vice President & Partner
Burnham Benefits Insurance Services



Hopefully, the ultimate fate of ACA includes comprehensive reforms that encourage greater participation and price competition amongst insurers to stabilize premiums for families, provide more appropriate payments to providers for services, and incentivize preventive care. These principles will certainly foster an environment that promotes efficient delivery of high-quality care for patients.

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

The Affordable Care Act and the myriad of changes to healthcare from Washington, D.C. has affected many healthcare stakeholders. What do you feel will be the ultimate fate for the Affordable Care Act? Will there be a cap for price increases with insurance or deductibles in 2018 and beyond following the passing of the new Healthcare Act? How have you been impacted and how has it affected enrollment?

Scott Aston, Burnham Benefits: I think that it's safe to assume the ACA is here to stay, for at least the next several years. The Trump administration discovered this is a complicated and interconnected knot that will be difficult to untangle. You can't just flip a switch and turn it off. However, with the removal of the "individual mandate" as part of the recent Tax Reform, I expect to see an increase in the number of individuals going uninsured and upward pressure on those premiums. Burnham works closely with its employer plan sponsor clients to stay vigilant to ensure compliance in their offer, pricing and reporting of coverage to their employees.

Suzanne Richards, KPC Health: The Affordable Care Act (ACA) has presented both benefits and challenges for providers, such as hospitals, within the healthcare system. On one hand, providers experienced insurance coverage expansion for individuals giving hospital operators a greater ability to recover some cost reimbursement compared to none at all. However, ACA also created a significant financial risk by penalizing hospitals for Medicare patient readmissions occurring within 30 days from prior discharge from any hospital, which involves factors beyond a hospital's control such as an acute ailment unrelated to the previous diagnosis and treatment. Hopefully, the ultimate fate of ACA includes comprehensive reforms that encourage greater participation and price competition amongst insurers to stabilize premiums for families, provide more appropriate payments to providers for services, and incentivize preventive care. These principles will certainly foster an environment that promotes efficient delivery of high-quality care for patients.

Most employers have seen their medical insurance premiums raise by more than 150% over the past 10 years, what steps can be taken to "bend the cost curve" and reverse this hyper-inflationary trend?

Gene Rapisardi, Cigna: Cigna is doing a number of things to bend the cost curve, which seem to be working because we have the best medical cost trend among all of the national insurers. First, we have been very aggressive in developing value-based arrangements that reward medical groups for their performance. The top-performing groups active for at least one year have saved 3.2% in total medical cost. This is driven by a number of factors, including better use of generic medications, lower hospital readmission rates and lower use of the emergency room for non-emergencies. Another approach is to create high-performing networks – subsets of our full network that include only those providers that deliver the best quality at the best cost. We also make quality and cost information available online and via mobile app so our customers can see

the cost of care and prescription medications at different facilities so they can make better informed decisions about how to spend their healthcare dollars.

Mark Costa, Kaiser Permanente Orange County: Healthcare costs continue to rise well above inflation, and as a result, many employers are making changes to their benefit strategies. The bulk of these changes work by shifting financial responsibility from the employer, and placing the burden onto the employee(s). While this may lower an employer's short-term costs, it doesn't address one of the modifiable factors behind this upward trend — the health of the employee(s). According to a Kaiser Health News article, "Largely preventable, and highly manageable chronic diseases and conditions such as diabetes and obesity account for 75 cents of every dollar spent on healthcare in the United States." We also know, that this cost can be better managed through employee behavior change. That's where building an effective workforce health strategy comes into the picture. By encouraging employees to make long-term behavior changes, employers can help decrease costs attributed to healthcare coverage. As I have shared here before, and share publicly in numerous business leadership circles, a healthy and engaged workforce is a productive workforce. If employers encourage a healthier workforce, they should begin to experience a reduction to the risk that poor health has on safety, disability, workers' comp and healthcare premiums. Employers should also see an increase in productivity and a reduction in absenteeism. If fully supported, a healthier, more engaged workforce, are key steps to bending the cost curve and will lead to a healthier bottom line for all involved.

Erik G. Wexler, Providence St. Joseph Health: As healthcare providers committed to meeting the needs of our communities, we're focused on solutions that contribute to long-term employee health and disease management. Experts agree there is a direct correlation between improved employee health and bottom-line outcomes like lower costs, better performance and employee retention and satisfaction. Through our employer relations program, we partner with employers to develop comprehensive employee wellness strategies that focus on effective illness prevention and lifestyle changes. We provide on-site programs for high-risk individuals that reduce hospital readmissions and emergency visits, and we make care accessible via health coaching and telemonitoring. We also bring the medical office to the employer with Wellness Corners that are close to local businesses and onsite wellness centers which focus on healthy lifestyle choices.

Scott Aston, Burnham Benefits: Employers are getting creative in addressing how to structure their plans to help mitigate year-over-year cost increases. We've seen an increased focus on self-funding benefit plans and leveraging available data to custom design plans to address areas of opportunity and drive behavior. Burnham works with its clients to identify low hanging fruit that can be as simple as looking to carve out pharmacy vendors (PBM's) to improve pricing. We've consistently been able to achieve 10-20%

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HEALTHCARE ROUNDTABLE



It has become harder to find qualified healthcare workers. That said, [Lindora has] been fortunate in that we've still been able to attract high-quality nurses because of the work environment we can offer. At Lindora, they've found satisfaction in seeing a complete transformation of our patients; from pre-program patients who are overweight, unhappy and at high risk of disease to those who complete the program, find a new lease on life through their weight loss, and reduce their risk of disease and dependency on medications.

Will Righeimer
CEO
Lindora



Expanding access to healthcare for the population we serve is now central to our strategic plan which calls for the establishment of an LGBTQ health center. This facility would provide compassionate and culturally competent care directly to our community on a sliding scale.

Phil Yaeger
CEO
Radiant Health Centers

savings on our clients' pharmacy costs, just by running that data through our pricing model and improving contracts. We also look to install cost transparency solutions to drive utilization towards lower cost/higher outcome providers and facilities.

There is concern that the economic recovery will exacerbate an already predicted shortage for RN and other healthcare workers. Do you see trending data to support this theory?

Will Righeimer, Lindora: There's no question that it has become harder to find qualified healthcare workers. That said, we've been fortunate in that we've still been able to attract high-quality nurses because of the work environment we can offer. We've seen a lot of candidates who have come from hospitals and skilled nursing facilities where 12-hour shifts, overtime and weekends are expected and nurses put themselves at risk of infection. Our candidates are thrilled to learn that they can work in a safe environment, get weekends off and rarely work overtime, allowing them more balance in their lives. Another advantage for us is that many of our recruits had been in situations where they had been treating chronic conditions for patients who were not getting better. At Lindora, they've found satisfaction in seeing a complete transformation of our patients; from pre-program patients who are overweight, unhappy and at high risk of disease to those who complete the program, find a new lease on life through their weight loss, and reduce their risk of disease and dependency on medications.

Yasith Weerasuriya, Stanbridge University: In speaking with Stanbridge University clinical healthcare partners, including C-Suite Executives at a number of hospitals, the return to the 2007 days of bonuses for new hire RNs is beginning to fulfill the prophecy that the aging California nursing workforce and the impending surge of retirements is coming to pass as predicted. California has the fifth lowest ratio of RNs per 100,000 population in the United States, with only 809 per 100,000 in 2015. Additionally, recent surveys estimated that 281,232 full-time positions needed to be filled in 2017, indicating a shortage of available RNs to meet the influx of retirees.

It has been said healthcare should prepare for a year of continued policy changes and uncertainty. We're most likely also looking at a rise in the rate of uninsured. How does this affect your strategic planning for operations and growth? How does a health provider continue to serve its community in this environment?

Ray Chicoine, Monarch HealthCare: It's our belief that, regardless of what policy makers decide, as long as Monarch and its physicians continue to focus on high-quality patient care and excellent outcomes, we will provide value and thrive in any healthcare climate. At the end of the day, our growth comes from positive word of mouth, and our patients endorsing Monarch and its physicians to friends, family and others because of favorable experiences. While we still monitor healthcare policy, our focus is working to improve the overall health and the healthcare experience we offer our patients and

physician partners. These elements are within our control, and guides our strategies and operations.

Phil Yaeger, Radiant Health Centers: Inadequate or no health insurance is a barrier to care that we help people overcome with two certified Covered California enrollment counselors on our staff and a third in the works. They help get eligible patients enrolled in the California Health Exchange and are a part of a larger coordinated team. Our medical case managers then connect them with medical care and medication assistance through regional, state and federal programs. Expanding access to healthcare for the population we serve is now central to our strategic plan which calls for the establishment of an LGBTQ health center. This facility would provide compassionate and culturally competent care directly to our community on a sliding scale. We've already begun providing mental health services on this basis, and see these services as vital to reaching our goal of eradicating HIV/AIDS in Orange County and achieving a healthy Orange County for all.

How should companies use the new Department of Justice and the Office of Inspector General compliance tools to improve their compliance programs?

Kathleen M. Marcus, Stradling: The DOJ's internal guidance document entitled "Evaluation of Corporate Compliance Programs" provides a list of questions for use in assessing a compliance program in the context of criminal liability. The list covers M&A diligence as well as risks surrounding third-party relationships, and should be consulted in both contexts. The OIG's document, "Measuring Compliance Program Effectiveness: A Resource Guide," arose from a roundtable of compliance professionals in conjunction with the Health Care Compliance Association, and is far more comprehensive. Rather than provide a checklist, the roundtable compiled an extensive list of measurements for programs of all sizes and complexities. The resulting Resource Guide includes hundreds of topics which roughly follow the standard "seven elements." It should be used to identify current best practices, and also as a means of assessing how to build a scalable compliance program that best fits a company's current and anticipated profile.

How will the Department of Justice's "Brand Memo" change enforcement actions in the healthcare space?

Kathleen M. Marcus, Stradling: The January 2018 "Brand Memo" directed that DOJ Civil Division attorneys "may not use noncompliance with agency guidance documents as a basis for proving violations of applicable law." In other words, noncompliance with agency guidance documents does not equate to a violation of underlying regulatory or statutory requirements. Previously, the DOJ frequently used noncompliance with sub-regulatory guidance to demonstrate violations of law, including the establishment of knowledge, overpayment or falsity in False Claims Act (FCA) cases. A departure from this past practice is particularly relevant in the

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HEALTHCARE ROUNDTABLE



Patients want convenient access to healthcare close to home or work, so leading healthcare providers are forging strong partnerships, whether through consolidation or other innovative affiliations. MemorialCare partners with many outstanding healthcare organizations, including Cedars Sinai, UCLA and UC Irvine Health in innovative, value-based, exclusive programs and health plan offerings.

Barry Arbuckle, PhD
President & CEO
MemorialCare



Value-based care is our mantra because it aligns with our strategy to transform how healthcare is delivered. Benefits for pursuing value over the old volume-based model include better care, as well as lower cost.

Erik G. Wexler
Chief Executive
Providence St. Joseph Health
Southern California Region

healthcare space where the OIG, CMS, FDA and other agencies frequently issue substantive guidance to help navigate complex healthcare regulations. DOJ attorneys will now be limited in their use of fraud alerts, manuals, bulletins, interpretive guidance, advisory opinions or coverage decisions to establish liability. Thus, the Brand Memo will likely be a win for healthcare and medical device companies in curtailing FCA cases.

Mergers and consolidation of the healthcare industry in Orange County continue to reshape local brands and established healthcare systems. How have you been affected with the consolidation? How has this trend impacted Orange County's healthcare systems and what results do you see coming from such deals? How effective are these partnerships, and what do they mean to patients?

Suzanne Richards, KPC Health: The mergers and consolidation in the healthcare industry in Orange County from a hospital perspective has proven beneficial with regards to streamlining overhead and sharing of administrative costs over a greater number of facilities and programs. Furthermore, it presents an opportunity for each provider to expand specialty services for consumers by establishing Centers of Excellence and offering patients greater access to specialty physicians, as well as a higher level of care. The greatest challenge to attaining these benefits for the community is ensuring our healthcare system offers competitive health plans in our local marketplace.

Barry Arbuckle, MemorialCare: Patients want convenient access to healthcare close to home or work, so leading healthcare providers are forging strong partnerships, whether through consolidation or other innovative affiliations. MemorialCare partners with many outstanding healthcare organizations, including Cedars Sinai, UCLA and UC Irvine Health in innovative, value-based, exclusive programs and health plan offerings. Our partnership with Boeing provides a customized health plan option at lower cost. A joint venture with RadNet offers Southern California's most extensive outpatient imaging network. Academic partnerships with scores of colleges and universities increase availability of highly trained physicians, nurses and other clinicians. With UCI, UCLA and USC, for example, we provide physician residency and fellowship programs at MemorialCare Long Beach Medical Center and MemorialCare Miller Children's & Women's Hospital Long Beach. And an affiliation between Miller Children's & Women's Hospital and UCLA Mattel Children's Hospital enhances access to highly trained specialists and children's healthcare services in Southern California.

Ray Chicoine, Monarch HealthCare: Healthcare is evolving at an incredible pace and this is creating pressure on providers, medical groups and hospitals, which is driving mergers and consolidation. Monarch's track record in innovative care solutions and desire to make an impact on improving care set the stage for our partnership with Optum, which has allowed

us to thrive. We're able to be competitive in attracting new physicians, even in light of the well documented shortage of physicians in the U.S. We've also been able to add technology which lets our physicians improve care for patients and, more importantly, greatly improve access to primary and specialty care across our service area. We believe our model is transformational in our ability to improve the health status of the communities we serve.

Value-based care is a hot issue for many providers, including many in Orange County. How has your organization adopted value-based care initiatives? What are the benefits of the emerging value-based healthcare initiatives and how will it affect healthcare providers and patients in OC?

Jennifer Mitzner, Hoag Orthopedic Institute: Everyone, including Orange County employers, wants more value out of their healthcare dollar. Hoag Orthopedic Institute was organized by our physician founders to be a pioneer as a value-based model, a model that used by Harvard Business School to teach others about value. For employers, as an example, we have seen our bundled payment program grow in volume in the last several years as more employers seek direct contracts with value-based providers, such as HOI for hip and knee replacements. We also actively participate in Medicare program's joint replacement model or CJR, which on a federal level is testing bundled payments for joint replacement surgeries. As a physician-owned entity, HOI has been at the forefront of innovative payment models that leverage our nationally recognized outcomes and value. Last year, more Californians selected HOI for their joint replacement surgery than any other facility in the state, a testament to our value-based focus.

Barry Arbuckle, MemorialCare: MemorialCare is the region's leader in value-based healthcare – delivering high-quality care and a superb patient experience at a reduced cost. Hundreds of thousands of patients participate in our value-based plans, including innovative HMOs, like Vivity that includes other top healthcare systems; tailored PPOs like Aetna Whole Health; and our preferred partnership direct contract with Boeing. Employers and patients actively seek out our innovative accountable care offerings because of our ability to improve quality, increase access to care and reduce costs. We tailor programs to meet the needs of each population of employees, use data to improve outcomes and reach out to patients with risk factors to help manage their chronic conditions and achieve optimal health. With hospitals and outpatient locations stretching from South Orange County to the South Bay, we are uniquely positioned to provide consumers, employers and health plans with high value healthcare in the right location, with the right services and at the right price.

Erik G. Wexler, Providence St. Joseph Health: Value-based care is our mantra because it aligns with our strategy to transform how healthcare is delivered. Benefits for pursuing value over the old volume-based model include better care, as well as lower cost. But the real work for us is establishing programs to ensure continued value, such as

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Cigna has entered into an alliance with St. Joseph Hoag Health to jointly bring value-based health plans to Orange County. We also have companion alliances with Scripps in San Diego County and HealthCare Partners in Los Angeles County. These local products are built exclusively around the capabilities of each of these delivery systems with a focus on improved quality, better affordability and an enhanced patient experience.

Gene Rapisardi
Market President, Southern
California and Nevada
Cigna

leveraging data to provide real-time quality and cost information for physicians; using data to assess our outcomes so we can better invest in keeping people healthier; and, increasing transparency so patients have more data, enabling them to work with their doctors to help determine the care plan that's best for them. Through our new Circle app (coming this fall) expectant parents can share data with their provider to help ensure a safe and healthy pregnancy.

Tonmoy Sharma, Sovereign Health: In our commitment to quality, Sovereign Health has adopted measurement-based protocol to assess and monitor patients throughout treatment to ensure treatment is efficacious and provide patients with the best care possible. Our clinicians implement evidence-based practices and systematically collect clinical outcome data and valuable patient feedback about their symptoms, cognitive functioning, satisfaction with life and readiness to change to inform decision-making. Harvard Medical School affiliate McLean Hospital's independent quarterly reports show that our patients come in much sicker, but leave treatment with much greater improvements in their symptoms and functioning compared to 50 Joint Commission accredited organizations nationwide. We view patients holistically and our cognitive enhancement programs integrate neuroscience, developmental psychology and software infrastructure applications to improve brain fitness and health. We know routine outcome monitoring enhances treatment efficacy and outcomes, and strong evidence supports its use in clinical practice – the results: healthier patients, higher quality treatment and greater accountability.

Yasith Weerasuriya, Stanbridge University: Stanbridge University is intimately aware of the acute need for new graduates to be conscious of the institutional business needs of the organizations that they will be joining. Accordingly, HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems) and the importance of the underlying customer service training for all healthcare students is amplified in an already integrated curriculum using a variety of techniques, including virtual reality. With this focus, we can perpetuate improved patient care and communication, benefiting both providers as well as patients and their families.

Gene Rapisardi, Cigna: Cigna has entered into an alliance with St. Joseph Hoag Health to jointly bring value-based health plans to Orange County. We also have companion alliances with Scripps in San Diego County and HealthCare Partners in Los Angeles County. These local products are built exclusively around the capabilities of each of these delivery systems with a focus on improved quality, better affordability and an enhanced patient experience. One of the most significant features of these alliances is that the delivery system partners have a seat at the table in our conversation with employers. We are fundamentally changing the relationship between healthcare delivery systems and payers, because we go to market together under a common brand with a unified purpose – to do what's best for the people we jointly serve. This creates greater

transparency and outstanding communication between all stakeholders.

Ray Chicoine, Monarch HealthCare: We continue to aspire to transform healthcare in the communities we serve through a focus on the quadruple aim: best-in-class quality care, an improved patient experience, reducing the cost of care and being the group of choice for physicians who want to provide excellent care for patients. We have been doing this since we were founded almost 25 years ago as an independent physician group. Every day, hundreds of patients talk to our doctors about their health in addition to concerns about healthcare costs. As Orange County businesses continue to face rising costs for employees, they'll choose provider groups which embrace a commitment to quality care that offers value. Value-based initiatives require us to help our physicians create better efficiencies in the delivery of healthcare while improving quality, with the end result of more affordable care for our patients.

Hospitals and other healthcare facilities have been ramping up on customer service training as a result of value-based purchasing and other patient satisfaction based federal initiatives. Can you comment on how important this is at your institution?

Yasith Weerasuriya, Stanbridge University: The importance of customer service in a service-delivery model is being put to the test with Value-Based Purchasing and will require an emphasis on soft skills, commensurate with licensure preparation and core clinical skills, as part of the fabric of all healthcare training.

Suzanne Richards, KPC Health: KPC Health's motto is "Enjoy Life In Great Health" because our number one job is to provide patients with the best healthcare and get them on a path to wellness, so they can return to their daily lives. Generally, people do not go to the hospital out of desire, but out of necessity. Beyond value-based purchasing and regulatory requirements, we have put a significant emphasis on customer experience in our service delivery and employee training programs. Regardless of the fact there are fewer choices in healthcare these days, consumers still form opinions about their unplanned visit to the hospital and will judge whether they select that hospital for elective services in the future based upon their previous experience.

How is the behavioral health industry transitioning from volume- to value-based care, and how is this bringing standards to the behavioral health treatment industry?

Erik G. Wexler, Providence St. Joseph Health: It is encouraging that behavioral health is moving to value-based models that focus on better outcomes and reduced cost. To ensure success, all entities impacting behavioral health – hospitals, doctors, patients, government institutions, etc. – must improve and standardize data collection. This is vital for more effectively addressing our national mental health crisis. Providence St. Joseph Health has committed \$30 million to improving access to mental health services in

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Education, Meet Innovation.



Synthetic Human Cadavers

Stanbridge University is home to California's first synthetic human cadaver lab, which houses both real and synthetic full-body cadavers.

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HEALTHCARE ROUNDTABLE



As home to Orange County's only Level 1 trauma center, regional burn center, National Cancer Institute-designated comprehensive cancer and other leading tertiary/quaternary care services, UCI Health believes its inpatient hospital will continue to play a vital role in providing complex care unavailable anywhere else. However, modern healthcare increasingly demands that patients be treated in less-costly, high-quality outpatient settings. We continue to expand access to world-class multidisciplinary care and medical advances, many pioneered at UCI, at outpatient facilities like the H.H. Chao Comprehensive Digestive Disease Center.

Richard J. Gannotta
Interim CEO
UCI Health

California. We've also developed a Mental Health Hub database – one of the largest data assessments of its kind – to create an extensive gap analysis for each region in our seven-state service area. In Orange County, we're partnering with other health systems, the Health Care Agency, faith communities and others to create a world-class system of mental healthcare.

Tonmoy Sharma, Sovereign Health:

Insurance companies like the Centers for Medicare and Medicaid Services (CMS) as well as private insurance companies are transitioning from volume (fee-for-service) to value-based (fee-for-performance) payment structures. Providers are challenged with the task of measuring clinical outcomes and developing standards of care to ensure the public, consumers, insurance companies and other payers that treatment is effective and high quality. Measurement-based care is aligned with value-based programs and involves systematically collecting patient-reported outcome data to inform clinical decision-making to improve the quality of care delivered to patients with mental and substance use disorders. Clinicians are beginning to use standardized outcome measures – brief structured instruments with good psychometric properties – to provide valuable feedback about patients' psychiatric symptoms, symptom severity and other factors to help determine if treatment is working. It can empower patients to better understand and overcome their illness and inform third-party payers about the value of behavioral health treatment services.

Suzanne Richards, KPC Health: As a prominent county provider for behavioral health in Orange County, KPC Health is proud to be an industry leader amongst a community that is working with the Health Care Agency and other stakeholders to establish Crisis Stabilization Units and Hope Centers that offer treatment in the outpatient setting. As the Orange County healthcare community is working together to reform its behavioral healthcare system, providers are focused on a continuum of care that supports keeping patients out of Emergency Rooms and away from long term hospital stays, which is inspired by prevention, coordination and integration. Over time, these principles will result in better outcomes for patients.

Advances in medicine and technology, market forces, an emphasis on wellness and health reform are moving patients out of the hospital into outpatient and community settings. How has the growth of outpatient care affected your institution and how have you integrated outpatient care into your delivery system? How has this impacted the role of the traditional inpatient hospital?

Barry Arbuckle, MemorialCare:

MemorialCare embraces the move from hospital-based care to outpatient, community-based care. Over the past several years we have expanded and diversified our health system into more than 200 outpatient sites offering primary and specialty care, surgery, imaging, urgent care and dialysis centers throughout Orange County, Long Beach and the South Bay complementing our great hospitals. These community sites are intentionally not

operating as Hospital-Based Outpatient Departments which receive higher reimbursement, but instead as high quality, lower priced Ambulatory Care Centers. We're unveiling more healthcare centers, innovative programs, progressive partnerships and comprehensive services where consumers live and work. We're able to offer the best in health, wellness, prevention, 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. Technological advances, for example, mean many surgical patients spending days in a hospital can now receive care in convenient, lower cost outpatient centers without overnight hospital stays.

Richard J. Gannotta, UCI Health: As home to Orange County's only Level 1 trauma center, regional burn center, National Cancer Institute-designated comprehensive cancer and other leading tertiary/quaternary care services, UCI Health believes its inpatient hospital will continue to play a vital role in providing complex care unavailable anywhere else. However, modern healthcare increasingly demands that patients be treated in less-costly, high-quality outpatient settings. We continue to expand access to world-class multidisciplinary care and medical advances, many pioneered at UCI, at outpatient facilities like the H.H. Chao Comprehensive Digestive Disease Center. This standalone specialty center, along with our Tustin and Newport-area satellite offices, is a blueprint for our commitment to seamless integration between inpatient and outpatient care.

Jennifer Mitzner, Hoag Orthopedic Institute: The Hoag Orthopedic Institute model purposely includes both an inpatient hospital in Irvine as well as two ambulatory surgery centers, one in Newport Beach and one in Orange. The trend toward more outpatient medical and surgical care continues to grow in Orange County as more and more orthopedic procedures – surgeries that were just a few short years ago where performed in the hospital setting, such as hip replacement – are being successfully performed in the outpatient setting. Today, we have implemented Enhanced Recovery Program after surgery, which seeks to get patients home same day, thus avoiding inpatient hospitalization. Our strategic plan calls for the building of more ambulatory surgery centers throughout Orange County and greater Southern California, greatly increasing access to outpatient orthopedic care in more communities. Furthermore, we are committed to building new orthopedic "Super Centers" that offer physician medical and surgical services, ambulatory surgery and rehabilitation in a single location so that patients do not need to travel all over to get the best orthopedic surgical or medical care.

Ray Chicoine, Monarch HealthCare: The acceleration toward using outpatient resources, where appropriate, continues to reduce healthcare costs for everyone. At Monarch, we have accelerated our commitment to more ambulatory healthcare services, as evidenced by our partnership and integration with Surgical Care Affiliates, a leading network of outpatient surgery

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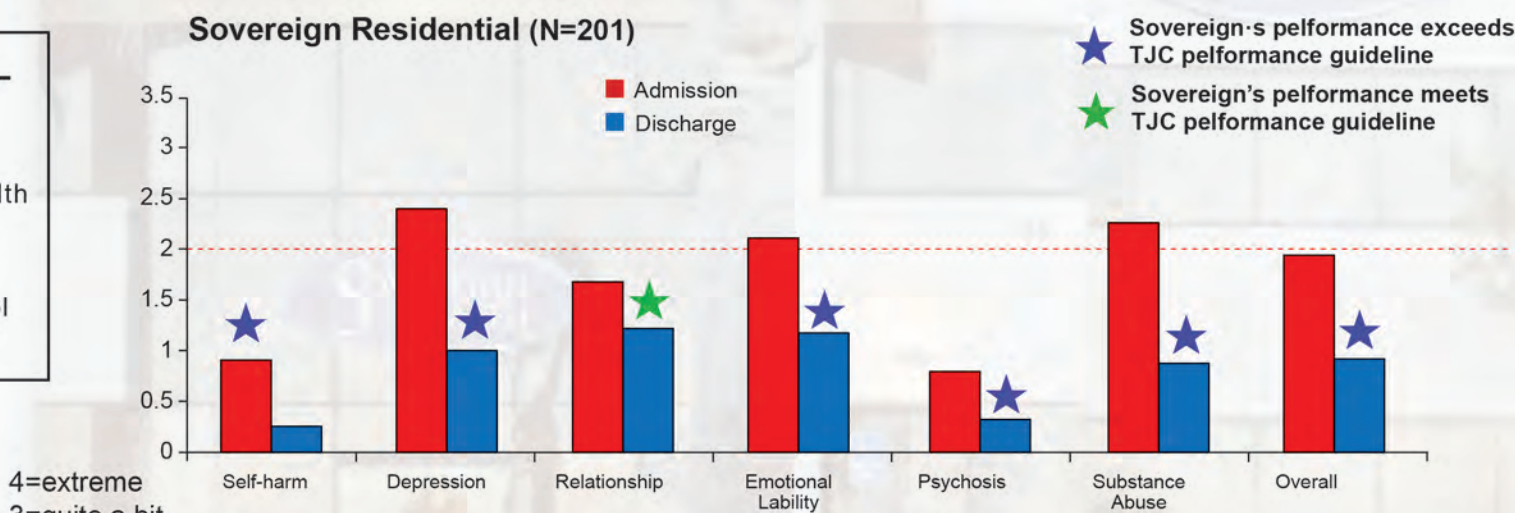


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Sovereign Health's Clinical Programs are driven by measurement to deliver high-quality treatment to every patient who passes through its doors.

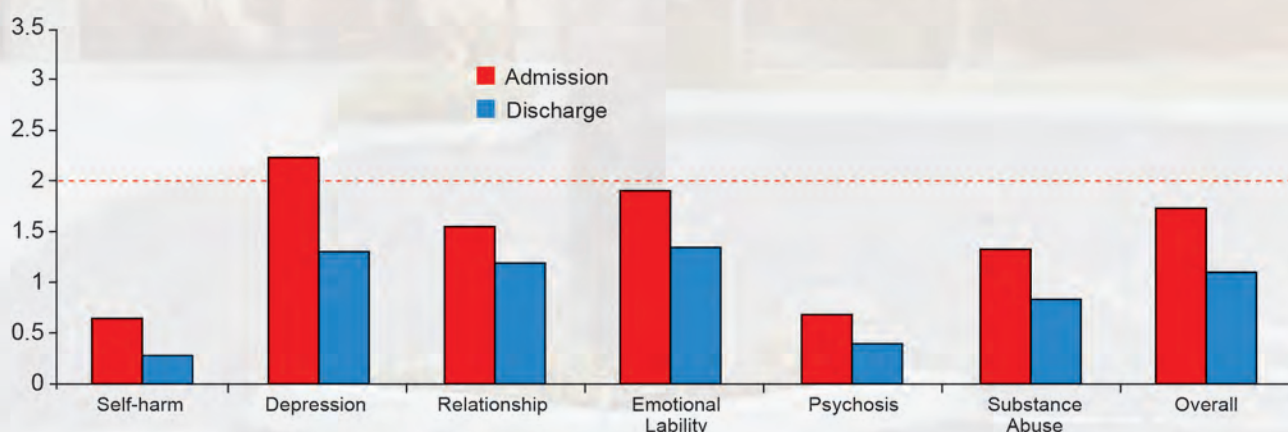
Q3 2017 BASIS-24 Report
 Department of Mental Health Services Evaluation
 McLean Hospital
 A Harvard Medical School Affiliate

The TJC-accredited behavioral healthcare providers are required to submit the BASIS-24 outcome measures for individual patients at intake, during treatment and discharge to the Department of Mental Health Services Evaluation, Mclean Hospital, A Harvard Medical School Affiliate. The analysis of these surveys and aggregate results presented in the reports produced by the Mclean Hospital allow independent evaluation and comparison of their program effectiveness and clinical outcomes.



4=extreme
 3=quite a bit
 2=moderate
 1=a little
 0=none

Comparison Group: Other 50 Different Organisations (N = 29638)



Harvard Medical School Affiliate McLean Hospital's Department of Mental Health Services Evaluation Report for Quarter 3 of 2017 confirms Sovereign Health's superior treatment outcomes and clinical effectiveness.

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HEALTHCARE ROUNDTABLE



The DOJ continues to actively pursue off-label cases. In fact, the DOJ is increasing its healthcare-focused resources in the wake of the opioid epidemic. Truthfulness remains a core consideration in off-label matters, and the DOJ considers the presence of other misconduct or 'plus factors' in its charging decisions.

Kathleen M. Marcus
Shareholder & Co-Chair,
Enforcement Defense &
Investigations Practice Group
Stradling

centers in Orange County. If we can provide the same or better care in an outpatient setting – or even at home – we can reduce costs and improve access to care for our patients. Moreover, studies have determined that if we can keep patients out of the hospital setting, they are at less at risk for infection. That's why we've added more resources to our in-home care and house calls programs, which today include not only medical care but social workers, pharmacists, nutrition counseling and care coordination. That is not to say that hospitals are not crucial to our healthcare delivery system. They are indeed and we have formed strategic alliances and joint ventures in conjunction with our physicians with forward-thinking hospitals to more effectively integrate services into a seamless delivery system.

The opioid crisis sweeping Americans is another hot healthcare issue. Has your organization and its physicians addressed this issue and/or implemented policies or actions to stem the risks associated with these pain medications? What is the best way for healthcare providers and city/county agencies to work together against the opioid epidemic across America?

Mark Costa, Kaiser Permanente Orange County: Kaiser Permanente continues as a national leader in confronting the opioid epidemic and was early to recognize the crisis years ago by implementing Kaiser Permanente's Safe and Appropriate Opioid Prescribing Program in 2010. Kaiser Permanente enlisted the help of a program called PACE (Physician Assessment and Clinical Education Program). We require all our physicians to attend a mandatory four-hour educational program on opioid risk, prescribing and management of pain. We looked within for our strength, which was leveraging our belief in evidence-based care and putting patients at the center. As such, every medical center created a Controlled Substance Review Task Force that identified patients on unsafe levels of opioids. The patient's care and electronic medical record are thoroughly evaluated and a set of recommendations are made to help manage their pain from a non-opioid perspective. Furthermore, our pharmacists engaged early on to develop an escalation protocol. Any concerns about the medication, the dose, frequency or amount that is prescribed is escalated back to the prescriber, and then to the chief of the department if resolution of the concern is not achieved after the prescriber is contacted. And given the functionality of our electronic medical records, we have linked to the states Controlled Substance Data Base, called CURES to prevent doctor shopping. Lastly, we have created best practice guidelines around how long, and how many pills should be prescribed to a patient who has acute pain, versus pain post-operatively. Collaborative teaching and learning is key for long term remediation. As such, we are prepared, to educate non-Kaiser Permanente physicians about what is proper pain management, if they do not have the internal support and resources that Kaiser Permanente has. Studies show that patients with mental health diagnosis are the ones most likely to be prescribed an opiate. We need to create better mental health and

substance abuse resources for those afflicted with pain.

Richard J. Gannotta, UCI Health: As the region's only academic medical center and a vital component of the community's trust, UCI Health has the expertise and obligation to confront this epidemic and lead a collaboration of community partners in developing solutions. Through the SafeRx OC coalition of healthcare providers, pharmacists, physician groups and county health and law enforcement officials, we're educating providers who prescribe opioid medications to ensure sure they have the right information to prescribe the right pain meds. We've developed Emergency Department Safer Prescribing Guidelines, which have been adopted in hospitals across the county, and are refining outpatient prescribing guidelines.

Jennifer Mitzner, Hoag Orthopedic Institute: Our mission at Hoag Orthopedic Institute is to get patients out of pain and back to their productive life, including getting back to activities they love and enjoy. The management of pain is a major focus for all our physicians and surgeons, including pre-op, post-op and addressing patients who experience chronic pain. HOI physicians have led an effort to address the opioid issue directly through several measures: one is developing new anesthesia techniques that can help in post-op pain management, which would lessen the need for pain medications following surgery. Moreover, our physicians have been proactively mindful about prescribing opioid medications to their patients and have adopted more conservative methods first and foremost. Lastly, from an enterprise perspective, HOI is engaging in research programs through our Hoag Orthopedics research arm that is studying pain management through several innovative projects. HOI physicians are rigorously engaged in being a part of the solution to reduce opioid usage and develop better, and more importantly, safer pain management therapies.

What is the Department of Justice's current appetite for pursuing cases alleging off-label promotional activities?

Kathleen M. Marcus, Stradling: The DOJ continues to actively pursue off-label cases. In fact, the DOJ is increasing its healthcare-focused resources in the wake of the opioid epidemic. Truthfulness remains a core consideration in off-label matters, and the DOJ considers the presence of other misconduct or "plus factors" in its charging decisions. In a February 2018 speech, DAAG Ethan Davis vowed to "vigorously investigate and prosecute firms that make false or misleading statements" and target practices that "threaten patient health or safety." Consistent with that policy, the DOJ looks to whether: (1) a company misled doctors, patients or the FDA; (2) the conduct involved improper inducements; or (3) people were harmed. In contrast, we are not seeing the same level of enforcement activity from the FDA. There is still no final FDA off-label promotion policy, and the FDA's Office of Prescription Drug Promotion issued the fewest disciplinary letters on record in 2017.

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Hoag Orthopedic Institute Orange County's Leader in Orthopedic Care

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U.S. News & WORLD REPORT

**NATIONAL
ORTHOPEDICS
2017-18**

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HEALTHCARE ROUNDTABLE



Hoag Orthopedic Institute was an early leader in the development of commercial bundled payments, the concept of one fixed cost for an episode of care such as a knee or hip replacement with a warranty pledge. Patients who are with employer-based direct contracting programs come to HOI from all over the U.S., have surgery and recover initially here before returning home.

Jennifer Mitzner
CEO
Hoag Orthopedic Institute

Warren Buffett and other business leaders have announced a new healthcare initiative that will seek to reduce costs and improve quality for employers through direct contracting or through employer networks. How has your organization addressed the employer healthcare marketplace in Orange County, and what can other employers do to yield similar change, transparency and cost mitigation? What will be the impact of these types of alliances on employers, families and consumers, as well as traditional healthcare providers?

Barry Arbuckle, MemorialCare: Employers are seeking better value in the care employees receive and health benefits they offer. MemorialCare is in an ideal position to provide high-quality care at lower costs to employers and their employees. These include direct-to-employer customized contracts and accepting responsibility for healthcare cost trend and quality expectations. MemorialCare was chosen by Boeing as its preferred partner for California's first-of-its-kind customized health plan option for many of its Southern California employees. A 20% enrollment growth in just its second year indicates high satisfaction by Boeing employees. MemorialCare also partners with health plans in value-based models. Aetna Whole Health PPO model provides many similar benefits as the Boeing customized model and Vivity's HMO product with Anthem and six other top healthcare systems offers patients access to top physicians and hospitals with a single patient health record, thus maximizing care coordination and minimizing duplication. We also offer solutions to counter unhealthy lifestyles by engaging employers, schools and community organizations in healthy living partnerships.

Will Righeimer, Lindora: We know that obesity often leads to a myriad of chronic diseases including heart disease and stroke, diabetes, hypertension, pulmonary disease and many cancers. We also know that, according to a recent article in Forbes magazine, obesity is costing American companies more than \$70 billion annually. Lindora's solution is to work directly with corporations and organizations to help employees lose weight and improve their overall health. By doing so, companies can improve employee health and happiness, reduce absenteeism and healthcare costs, and improve worker productivity. Lindora works with local businesses and offers them special employee pricing, in-clinic or on-site programs, and customized wellness programs. Programs cost between \$1-\$3 a day per patient.

Jennifer Mitzner, Hoag Orthopedic Institute: Hoag Orthopedic Institute was an early leader in the development of commercial bundled payments, the concept of one fixed cost for an episode of care such as a knee or hip replacement with a warranty pledge. Patients who are with employer-based direct contracting programs come to HOI from all over the U.S., have surgery and recover initially here before returning home. They usually come with a family member and all of the costs for this are bundled into a fixed fee. HOI engages a patient navigator to manage all of the details of each corporate travel patient, which makes the process seamless. Our bundled corporate patients – and their

employers – report a high degree of satisfaction with this program. Orange County is a great destination for travel medicine.

Scott Aston, Burnham Benefits: The Berkshire/Chase/Amazon model is actually not that new of an approach. Employers have looked to leverage their employee membership in specific geographies to negotiate exclusive deals with providers/facilities that can undercut traditional network discounts. I think the new twist on this will be leveraging transparency and technology on the purchasing end and arming the end user employees with technology to get the right care, at the right place, at the right time and at the right price. The ACA paved the way by incentivizing hospital systems to re-think how they contract through its promotion of Accountable Care Organizations (ACOs). The Berkshire/Chase/Amazon model will further define and create a new healthcare economy, which we'll all hopefully be able to benefit from in the future.

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

Erik G. Wexler, Providence St. Joseph Health: Providence St. Joseph Health works hard to ensure we're the partner of choice for our doctors. Over the years, we've formed strong alliances through our medical groups, Clinical Institutes (which provide advanced care by using best practices and protocols) and other arrangements. Through focused collaboration with exceptional clinicians, we're identifying best practices and standardizing processes that ensure outstanding healthcare delivery. In addition, we recognize the importance of expanding the digital landscape with our physician partners. We're enhancing our use of telehealth, digital patient engagement, and more through technologies such as our Circle app for expectant parents (coming this fall) and our online patient portal, which enables patients to view their health records, schedule appointments and communicate directly with their doctor in a secure environment.

Gene Rapisardi, Cigna: Cigna has developed multiple approaches to collaborating with physicians. Our Cigna Collaborative Care arrangements throughout Southern California (and nationally) are ACO-like arrangements with primary care medical groups that reward the groups for meeting certain quality and cost goals. Our alliances with St. Joseph Hoag Health, Scripps and HealthCare Partners are even deeper collaborations that create a "healthcare ecosystem" in which all aspects of an individual's care are carefully integrated. We are also on a journey to develop patient-centered medical "neighborhoods" in which there is better care coordination, navigation and an overall improved patient and physician experience.

Will Righeimer, Lindora: This is something that our Chief Medical Officer, Dr. Amy Lee, takes very seriously. Dr. Lee is constantly meeting with medical colleagues and industry experts who specialize in obesity medicine,

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I AM

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HEALTHCARE ROUNDTABLE



Monarch doesn't just collaborate with physicians; we are physicians. As a physician-led organization founded by practicing doctors, we thrive under our model of coordinated medical care. With our partner Optum, we've worked tirelessly to bring new doctors into our network while ensuring that our existing physicians have the support they need to more effectively care for patients.

Ray Chicoine
President
Monarch HealthCare

as well as general practitioners who are struggling to dedicate the time and expertise needed to properly serve obese patients. Dialogue between these groups allows us to remain at the forefront of medical weight loss, to understand the challenges of both physicians and patients, and to act as an outsource expert for the physician community. Our team has also established strong relationships with providers within medical groups, outpatient surgical centers, payer networks, benefit providers, corporate wellness and private industry to share best practices and offer our patient services.

Jennifer Mitzner, Hoag Orthopedic

Institute: As a physician-owned and led enterprise, Hoag Orthopedic Institute's model is centered around physician engagement. We have found that when physicians and surgeons have "skin in the game," it changes the model dynamically in many positive ways. HOI physicians share a unique passion for patient care innovation and research, one that has come to epitomize our brand across the nation. Our clinical outcomes are some of the best in the country and each and every one of our physicians plays an active role in our commitment to excellence.

Ray Chicoine, Monarch HealthCare:

Monarch doesn't just collaborate with physicians; we are physicians. As a physician-led organization founded by practicing doctors, we thrive under our model of coordinated medical care. With our partner Optum, we've worked tirelessly to bring new doctors into our network while ensuring that our existing physicians have the support they need to more effectively care for patients. It's no secret that many physicians today face burnout and report that they are spending more time than ever on administrative work and satisfying federal and state regulatory requirements. But as a leader in our industry, we have worked to minimize those burdens so our physicians can focus on patient care. We have ongoing investments in resources, workshops and technology to help our doctors meet growing demands and improve workflow. Our aligned physicians appreciate our support in helping improve the health of the communities they serve and they recognize the work we've done to be physician friendly.

Why is it necessary for healthcare organizations to provide patients with a full continuum of care, and what is being done to address this need?

Tonmoy Sharma, Sovereign Health: Patients with chronic illnesses like diabetes and heart disease are vulnerable to relapse and recurrence; those with behavioral health disorders shouldn't be viewed or treated any differently. Such conditions can be effectively treated and managed with a full continuum of integrated, recovery-oriented care focusing on long-term monitoring, not just stabilization. A unified system ensures patients receive the services needed, regardless of the setting they're in, promotes wellness and empowers patients to take responsibility for their lives. It's the providers' responsibility to teach patients how to manage their symptoms and make healthy choices that support their overall health. As patients with comorbid addiction and mental illness typically have poorer outcomes and higher utilization rates than the general patient population, moving toward an integrated, patient-oriented system of care

allows organizations to incorporate holistic services and address all of the patient's needs, while working to achieve better care, healthier patients and lower costs.

Mark Costa, Kaiser Permanente Orange

County: With the high incidence of chronic disease and the growth in our elderly population a strong continuum of care is essential. Within Kaiser Permanente we continue to develop new components of our continuum of care and to strengthen existing Primary Care, Mental Health, Home Care, Long Term Care and Hospice/Palliative Care Service based on the changing needs of those we serve. We also see great opportunity in developing stronger relationships with existing or new community providers of health and social services. In response to our growing elderly population, this may be supportive services related to daily meals, transportation, day care and support for dementia. For other referrals to community resources providing disease specific support, health education and fitness may be areas of opportunity. The bottom line is that no healthcare provider can alone meet all the healthcare needs of individuals. Two examples of how healthcare systems and other private and public entities are coming to address healthcare gaps within Orange County is the work led by the United Way to end homelessness (United to End Homelessness) and the work of the Orange County Community Coalition for Behavioral Health. Kaiser Permanente views efforts such as these to be essential as we work to improve the health of all Orange County Communities.

Will Righeimer, Lindora: We've found that there a number of factors at play when it comes to obesity. Most weight loss companies will focus solely on the nutritional aspects of obesity. Lindora goes beyond that to understand the psychological and environmental factors that drive an obese person's behavior. We are also taking a long-term view – to drive behavioral change for lifelong success. While the weight loss portion of our program is typically ten weeks, our patients are with us for a minimum of one year. That way we can teach healthy habits and instill lifelong change. Many of our patients will stay with us for years beyond that in order to maintain a healthy weight and wellbeing. That continuum of care is critical to establishing that long-term behavioral change and overall patient wellness.

Gene Rapisardi, Cigna: Cigna's mission is to help people get and stay healthy, no matter where they fall on the healthcare continuum. Through our health coaching and other clinical programs, we help healthy people stay healthy; help people who are at risk for health deterioration to reverse that trend; and help people manage their chronic conditions, minimize health complications and stay as healthy as possible. Our role is to connect our customers to coordinated, evidence-based care that's appropriate to their circumstances, and to support them with specialized programs that help them manage chronic conditions like diabetes, heart disease and depression. Our value-based programs and our alliances with leading delivery system partners like St. Joseph Hoag Health are focused on helping our customers get the right care at the right time and in the right setting.

continued on page B-56

A smiling man and woman are shown from the chest up, standing on a sandy beach. The man is on the left, wearing a grey t-shirt and a necklace. The woman is on the right, wearing a colorful striped t-shirt and polka-dot shorts. The background is a bright, sunny beach scene.

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* St. Joseph Hoag Health's medical groups achieved "elite" rankings in 2015 from California Association of Physician Groups (CAPG) and the Integrated Healthcare Association (IHA). Magnet designation for St. Jude Medical Center, Hoag Memorial Hospital Presbyterian, Mission Hospital, and St. Joseph Hospital – the highest honor bestowed to hospitals for nursing excellence (American Nurses' Credentialing Center, 2005, 2007, 2012 and 2015). U.S. News & World Report ranked St. Jude Medical Center, Hoag Memorial Hospital Presbyterian, Mission Hospital and St. Joseph Hospital as best regional hospitals in the 2016–2017 rankings.

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HEALTHCARE ROUNDTABLE



Stanbridge University is acutely aware of the continuing trend towards community-based healthcare and preventative medicine. The extraordinarily diverse nature of Southern California will require healthcare graduates to have a strong education in cultural, religious, and ethnic diversity.

Yasith Weerasuriya
President & CEO
Stanbridge University

In the public exchanges, we saw the selection of lower-premium products with restricted provider choice by consumers. Do you think Americans are more willing to trade off choice for affordability?

Suzanne Richards, KPC Health: Americans have shown time and again that they always prefer having choices. However, our healthcare system has enabled skyrocketing premiums often leaving working families with very few options and forcing them to select affordability over choice. That is why it is so critically important that the next round of reforms to our healthcare system foster greater participation and price competition amongst insurers to stabilize premiums for families, provide more appropriate payments to providers for services, and promote greater access to preventive care.

Scott Aston, Burnham Benefits: Throughout the 80s, 90s and early 2000s, Americans grew very accustomed to having low-no cost health insurance, with very little out of pocket costs and large provider networks. Most didn't even realize how good they had it or gave much thought to whether they needed that rich of a plan. Given the healthcare cost crisis, that model is no longer sustainable. Studies have continued to prove out and the Exchange enrollment numbers demonstrate that when given a choice most individuals prefer to pay lower premiums in exchange for higher out of pocket costs and/or reduced network size...within reason. The market is still trying to find balance for that sweet spot.

The pace of change in medicine is rapid. We now understand that social factors – education, transportation, housing, etc. – can affect care utilization patterns. How does your organization view its involvement in social interventions? How are you preparing healthcare providers of the future to adapt to changes and improve care in an increasingly diverse community?

Phil Yaeger, Radiant Health Centers: Radiant Health Centers is at the forefront of these issues. All of our systems are set up to reduce barriers and get people retained in proper medical care and on their way to becoming healthy and self-sufficient. Our services start by addressing underlying social factors like providing food when they have none, transitional housing when they are homeless, a welcoming place for their children to play and make friendships, a ride to medical appointments. The sooner that these social issues can be addressed, the sooner we can help our patients stabilize their Hep C, HIV or a behavioral or mental health conditions. Frankly, the population we serve is often in dire straits and their health is just one of many crises to be faced. With the cooperation of our many community partners in both social and medical services, fortunately, we have been able to help more than 1,300 people annually.

Yasith Weerasuriya, Stanbridge University: Stanbridge University is acutely aware of the continuing trend towards community-based healthcare and preventative medicine. The extraordinarily diverse nature of Southern California will require healthcare graduates to have a strong education in cultural, religious, and ethnic diversity. Stanbridge is increasing the utilization of virtual patient rooms with simulated scenarios that prepare graduates to successfully serve the diverse population of Southern California.

The multi-cycle baby boomer retirements have seen an increase in the need for geriatric care. Where do you see the most acute geriatric healthcare staffing needs in the future for Orange County?

Richard J. Gannotta, UCI Health: UCI Health is leveraging its academic and clinical expertise to meet this challenge. We provide comprehensive clinical care not often seen in this population through the UCI Health SeniorHealth Center, consistently rated among best by U.S. News & World Report and one of the country's first certified Patient Centered Medical Homes for coordinated geriatric care. We provide prevention, wellness and higher levels of care for chronic conditions to empower older patients to manage their own health. We are sharing that expertise with the community, through academic initiatives such as Cultivating a Culture of Care for Older Adults, which will increase the number of healthcare professionals trained to meet the needs of older adults. This effort, led by UCI experts in geriatrics and nursing, and community partners like the Alzheimer's Association of Orange County, Vietnamese Community of OC-Southland Health Center and the county's social services agency, will drive innovations in coordinating care for sustained and meaningful improvement for older adults.

Mark Costa, Kaiser Permanente Orange County: Selecting the right team and correct staffing is crucial to meet the needs of the aging population in Orange County. It is critical that a passion for the senior adult is considered when providing eldercare. Two examples of our efforts in treating Orange County's senior population revolve around our NICHE unit and (IQM) Integrated Quality Management. Both initiatives focus on meeting the unique needs of our senior population in the acute care setting and throughout the continuum of care. These initiatives require highly skilled professionals, many of whom have a geriatric certification. According to the 2017 U.S Department of Labor Blog, by 2024, nearly 70 million people will be between the ages of 60 and 78. As a result, occupations related to eldercare are projected to be among the fastest growing in the economy over the next decade. In fact, home health aides, personal care aides, registered nurses, nursing assistants and LPNs/LVNs are projected to add more than 1.6 million new jobs nationwide by 2024, or about one in six new jobs added to the economy. Within Orange County, Kaiser Permanente is redesigning Home Care to meet the needs of our members as care moves from acute care into the home environment. More resources will be needed to address the demand for private duty care (non-skilled care) such as home health and personal aides which are not covered by any insurance carrier. This is especially needed when addressing Alzheimer's disease and related dementias.

Yasith Weerasuriya, Stanbridge University: Three waves of retiring baby boomers will place an extraordinary amount of stress on the geriatric absorption capabilities of Southern California. We continue to educate our students on all of the related dimensions in the nursing and therapy fields, including increased training in

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HEALTHCARE ROUNDTABLE



Sovereign Health strives to be leaders of innovation. We've created and adopted new technologies and implemented measurement-based care protocol to provide clinicians with patient feedback and evaluate symptoms, cognitive functioning and personality variables of patients throughout the treatment course to improve the delivery of care and patients' clinical outcomes.

Tonmoy Sharma, M.B.B.S., M.Sc.
Founder & CEO
Sovereign Health

dementia, stroke rehabilitation, and other critical needs for the burgeoning geriatric population.

How is the "Yates Memo" impacting internal investigations and interactions with the government under the current administration?

Kathleen M. Marcus, Stradling: The 2015 "Yates Memo" articulated principles for enhancing enforcement against individuals involved in corporate wrongdoing, including the requirement that companies provide all relevant facts concerning individual conduct to the DOJ as a condition of receiving any corporate cooperation credit. In October 2017, DAG Rosenstein pronounced the Yates Memo "under review," but indicated that modifications will reflect a "resolve to hold individuals accountable for corporate wrongdoing." The Yates Memo thus remains DOJ policy and its effects are observable in the aggressive pursuit of individuals in recent enforcement actions. As a result, internal investigations should be managed at the outset to be sensitive to the prickly issues of separate counsel and related employment questions (which adds expense and can disrupt information flow). Investigating attorneys must also consider the sufficiency of *UpJohn* warnings and the strategy for protecting privileges when the company intends to offer transparency and cooperate with a government investigation.

How significant will the January 2018 "Cranston Memo" be in curtailing False Claims Act litigation?

Kathleen M. Marcus, Stradling: The "Cranston Memo" should become a significant tool for defense counsel in False Claims Act cases. DOJ attorneys can now assume a gatekeeper function and proactively consider dismissal of *qui tam* complaints when the government declines to intervene. On average, the government intervenes in just 20% of cases, but continues to monitor the remaining 80%. Based on a desire to preserve resources and advance the government's interests, the Cranston Memo lays out seven factors for evaluation of cases for dismissal. Armed with this framework, defense lawyers now have a roadmap to advocate beyond non-intervention and for complete dismissal. To gain this advantage, companies facing a False Claims Act case should consider a swift internal investigation to gather evidence to present to the DOJ early in the process. This will allow defense counsel to persuasively advocate for each applicable factor.

How is your health system leveraging advances in technology and data to improve the health and wellbeing of the patients you serve? What innovations are likely in the next three to five years and how do you think these changes will impact healthcare? How can the healthcare industry improve its ability to innovate?

Tonmoy Sharma, Sovereign Health: Sovereign Health strives to be leaders of innovation. We've created and adopted new technologies and implemented measurement-based care protocol to provide clinicians with patient feedback and evaluate symptoms, cognitive functioning and personality variables

of patients throughout the treatment course to improve the delivery of care and patients' clinical outcomes. We have also created an internal workflow system that leverages in-house software capabilities to improve the process of working with patients we serve. The Patient Information Management System captures real-time information about patients and allows us to manage multiple users involved in patient care. We leverage telehealth and smartphone apps to reach those who cannot physically attend treatment, involve family members in treatment and provide ongoing case management and care to patients after they return home. As relapse rates tend to be high in the first year after treatment, ongoing involvement can help to improve treatment outcomes and recovery.

Barry Arbuckle, MemorialCare:

MemorialCare's commitment to nurturing and advancing innovation drives efficiency, accuracy, time-to-treatment and patient outcomes – saving time, resources, costs – and most importantly lives. Systematic measurements using metrics that matter to patients produce remarkable results. Decades ago, MemorialCare began performing extensive clinical outcome assessments deploying best-practice, evidence-based medicine in our hospitals, outpatient centers and physicians' offices. Sophisticated information systems providing timely, trusted analytics for fact-based decision-making improve quality, patient experiences and communications, while decreasing hospitalizations and duplication. Near-instantaneous analytics with billions of data points allow physicians to analyze results with extraordinary improvements in care and overall health. And MemorialCare's strategic investment partnership with Cedars-Sinai – Summation Health Ventures – speeds innovation, improves outcomes and decreases cost by helping entrepreneurs accelerate product development, ensuring communities early access to emerging products, devices, information and other technologies. Recent MemorialCare innovative partnerships have resulted in technologies that better treat strokes, monitor surgical blood loss in real-time, prevent surgical infections, and identify the most effective medications at the best price.

Erik G. Wexler, Providence St. Joseph Health:

Health systems are getting serious about population health, focusing on preventive care and disease management outside the hospital. To do population health right, collecting and efficiently employing large amounts of data is imperative – and we're doing that as we're making significant investments in health data coordination, advanced analytics and predictive modeling. When it comes to digital technology, we're laser focused, thanks to leadership with expertise in that industry. We're excited to introduce innovations such as Express Care, on-demand healthcare services delivered via retail clinics, virtual video visits, an "uber-like" home visit option and the Circle app. We also established the Innovation Institute and Providence Ventures, which invest in customized solutions to our most pressing health problems.

Scott Aston, Burnham Benefits: Burnham has worked with its customers to embrace

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HEALTHCARE ROUNDTABLE



Studies focused on the mental health needs of Orange County residents are showing a fast-growing demand. . . As we continue to better understand the mental health needs of our Orange County residents, we will certainly find that mental illness will many times affect an individual's physical health, as well as, risk for addiction or substance abuse. Kaiser Permanente continues its belief that health is more than freedom from physical affliction – it's about Mind, Body and Spirit.

Mark E. Costa
Senior Vice President
Kaiser Permanente

available data to help drive costs on its employer sponsor health plans. Many of our customers are self-funded, which allows for the greatest transparency and access to data. We can leverage that data to tailor plan designs, identify high claimants often before they happen, and help to drive members into getting the right treatments before little claims turn into big ones. We have also seen a surge in virtual provider visits and now on-demand house call visits, think Uber meets primary care.

Gene Rapisardi, Cigna: Using technology to support our customers so they can better understand their healthcare choices is a significant priority for us. For example, we have introduced Cigna One Guide, an integrated hi-tech/hi-touch approach to customer decision support and service. One Guide helps people navigate through their critical decision points, such as selecting a health plan, choosing a primary care physician, receiving preventive services, benefiting from health improvement programs and receiving available cash rewards. One Guide delivers clear, personalized guidance not only whenever a customer needs it, but even when they may not realize they do. One Guide is available to millions of customers nationally, including here in Southern California.

Will Righeimer, Lindora: The ability for patients to track personal data in real time will continue to have a significant impact on patient outcomes. We're already seeing the impact of wearables and how valuable those tools are for the patient/nurse dialogue. Lindora, as a partner, can use that data to advise our patients on how to improve diet, optimize exercise and find ways to reduce stress. We also believe that the growth of telemedicine will make medical and wellness consultations more convenient and accessible. Lindora will be launching **Lindora Anywhere** later this year which, through an online platform, will allow patients more opportunities to have those interactions with nurses and coaches at their own convenience. Lastly, we believe that technology-driven patient engagement tools that allow the patient to record personalized information and get back relevant guidance and recommendations will further empower patients and increase their chances of success.

In Orange County, there are still five to six new HIV infections per week. There has been a recent Hepatitis A outbreak and a rise in other healthcare-associated infections. How is your health system protecting patients and improving the health of the community against these and other public health issues?

Richard J. Gannotta, UCI Health: UCI Health epidemiologists and infection prevention experts play a key, unduplicated role with Orange County public health officials in confronting the rise of healthcare-associated infections and antibiotic-resistant bacteria that are now among the greatest challenges facing healthcare providers. Nationally-recognized UCI Health experts are leading critical multi-year research funded by the Centers for Disease Control and Prevention to combat the spread of these infections in hospitals and nursing homes right here in Orange County. Those efforts will be a model for keeping patients safe here and across the country.

There has been an increased focus on the need for mental health services in the last few years. Is there a need for more mental health services now than before in Orange County, and if so, what is being done to address this need? Why is it important to treat mental illness at the same time as a substance use disorder, and how does integrated behavioral health treatment help to address both conditions?

Phil Yaeger, Radiant Health Centers: I would argue that we are just becoming more aware of the need and letting go of some of the stigma that has kept mental health in a silo. That said, it is critically important to continue expanding access to mental health services in Orange County. We typically see people who have had a lifetime of traumas where it is essential to treat the mind and body together. Ultimately, addressing their mental health is just as critical as managing their insulin or high blood pressure. Nearly half of all Americans with a mental health condition have a co-occurring substance abuse disorder because people will often self-medicate through substance abuse to treat their underlying symptoms. An integrated treatment approach is essential to treat the root issue, as well as the addiction and to help when sobriety brings other life issues to the surface.

Tonmoy Sharma, Sovereign Health: Traditional volume-based care models emphasizing quantity rather than quality lack incentives for providers to implement integrative healthcare systems for patients with mental and substance use disorders. For this reason, addiction and mental illness are often treated as separate, unrelated conditions. Failing to address both conditions at the same time can get patients stuck in a "revolving door," where they repeatedly relapse and return to treatment, but never get better. Forthcoming policy and system changes will ultimately address the need for integrated care and change how these conditions are treated. The only effective way to treat individuals with co-occurring mental and substance use disorders is to treat both conditions at the same time. At Sovereign Health, we're licensed to treat both mental disorders and substance use disorders, and our clinicians are highly qualified and well-trained to assess, diagnose and treat substance use disorders and mental illness at the same time.

Mark Costa, Kaiser Permanente Orange County: Studies focused on the mental health needs of Orange County residents are showing a fast-growing demand. Studies related to children, adolescents, and the elderly all show growing rates of depression and anxiety. In some of these studies, the incidence of mental health illnesses is greater than that of our state and other counties. Like other aspects of quality healthcare no one healthcare provider can address all needs. Community wide efforts which assess the gaps of needed services and more effectively communicate to residents the availability of existing services is work that must be done. Efforts such as those of the Orange County Community Coalition for Behavioral Health are examples of how public and private entities are coming together to build capacity and optimize existing services. As we continue to better understand the mental health needs of our Orange County residents, we will certainly find that mental illness will many times affect an individual's physical health, as well as, risk for addiction or substance abuse. Kaiser Permanente continues its belief that health is more than freedom from physical affliction – it's about Mind, Body and Spirit.



WE'RE EXPANDING TO MEET THE MENTAL HEALTH NEEDS OF OUR COMMUNITY



Radiant Health Centers cares for over 1,300 people with HIV every year, including providing access to mental health services. There is also a broad need within the greater LGBTQ community for mental health services.

We're here to help. In March we expanded access to mental and behavioral health services for the entire LGBTQ community.

Join us on this exciting journey as Radiant Health Centers continues to expand access to healthcare services to end the HIV epidemic and **create a healthy Orange County for all!**

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