

Los Angeles Business Journal

Healthcare

Leadership Forum & Awards



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PUBLISHER'S LETTER



os Angeles' healthcare leaders are a unique group in that not only do they manage the institutions and organizations that help our society live healthier, they also happen to be tremendous businesspeople with great business stories.

Hospital CEOs, healthcare company executives, unique programs benefiting the community, entrepreneurial clinicians, and education leaders providing the next generation of healthcare practitioners with the information they need to service our region are all a part of an industry that will always be needed. It makes sense that we'd pause at least once per year to celebrate their achievements.

We have set aside this special section of the Los Angeles Business Journal to honor these individuals, organizations and programs that have made strides in helping Los Angeles (and beyond) receive better healthcare. We have chosen to recognize leaders and organizations that make an impact to both lines: those leading the frontlines of healthcare and those protecting the bottom lines.

This special section you are reading now spotlights those outstanding honorees we

celebrated at our Healthcare Leadership Forum and Awards event on Monday, April 18th at the Omni Hotel Los Angeles.

Eight inspirational honorees have been announced this year and described in this section. We applaud each of these esteemed honorees, as well as the wonderful collection of finalists, also detailed in these pages.

We hope you enjoy this special section, which contains some insights on the creative ways in which some of LA's leading healthcare individuals and organizations stand out in their efforts to keep us well or make us better.

Special thanks go out this year to our presenting sponsor in this endeavor, Moss Adams. And again, congratulations to all the great healthcare leaders in Los Angeles who play such an integral role in our lives and the lives of our families, friends and coworkers.

Best regards,

Mux Toledo

Matthew A. Toledo Publisher & CEO

AltaMed QUALITY CARE WITHOUT EXCEPTION**

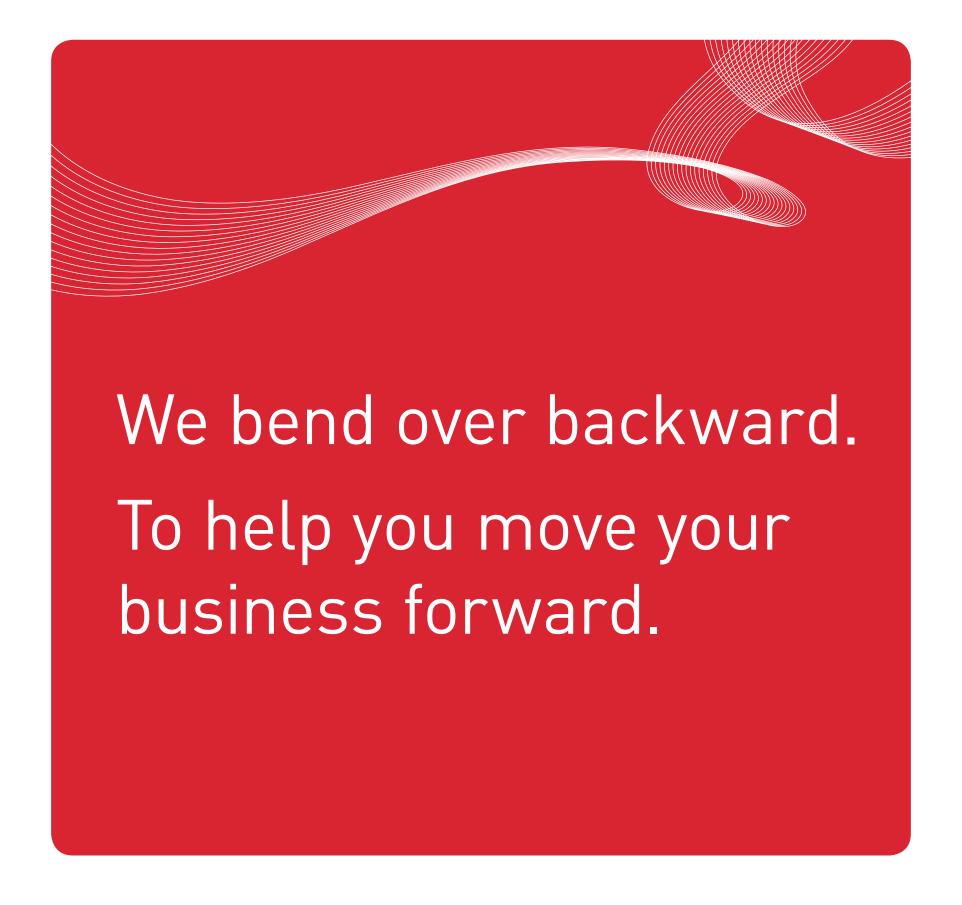
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HONOREES

SAFETY NET PROVIDER OF THE YEAR

ALTAMED HEALTH SERVICES CORPORATION

LTAMED has delivered quality care to the underserved communities of Southern California for more than 45 years. Designated by the Joint Commission as a Primary Care Medical Home (PCMH), AltaMed has made a name for itself thanks to the quality of its care delivered by its premier healthcare professionals.

AltaMed serves the entire family with primary medical care, dental clinics and complete senior long-term care services, including senior case management, and the Program of All Inclusive Care for the Elderly (PACE). AltaMed also delivers disease management programs, health education, youth services, and specialty HIV/AIDS care.

AltaMed believes in patient-focused care delivered through a caring team of culturally competent healthcare professionals. Its integrated system emphasizes prevention and healthy living and is designed to reduce healthcare disparities and avoid unnecessary trips to emergency rooms or other more costly forms of care.

The decision makers at Covered California took notice and turned to AltaMed to help boost enrollment. Overall, AltaMed has nearly 120 enrollment counselors, but it was likely the company's combination of acceptance by the community, an understanding of the Spanish speaking population of LA County and a commitment to emphasize prevention and healthy living that enabled AltaMed to be able to sign up about 900 people a week for ACA – or "Obamacare" – coverage leading up to last month's sign up deadline.



COMMUNITY OUTREACH PROGRAM OF THE YEAR

UCLA'S COMMUNITY PARTNERS IN CARE

CLA's Community Partners in Care (CPIC) program is a collaborative research project of community and academic partners working to address depression in under-resourced communities in South Los Angeles and Hollywood-Metro Los Angeles where access to healthcare is limited.

CPIC's approach to partnered planning for services delivery brings together patients, healthcare systems/providers, faith-based and community agencies to co-develop depression care in under-resourced communities by adapting and shifting tasks done in healthcare to non-healthcare settings. For example, a minister may provide -- with a healthcare system -- depression detection, education, referral coordination and symptom/treatment tracking of a congregant. CPIC has shown that partnered depression care across health and community agencies improves people's mental health quality of life and social risk factors. The CPIC team has developed an online training infrastructure to train LA County, other communities and healthcare systems to utilize the CPIC model of community-engaged depression services planning and delivery.

The concept of CPIC was born more than a decade ago when Kenneth Wells, a researcher from RAND and UCLA professor, met with community health advocate Loretta Jones, CEO of Healthy African American Families II, to talk about how to bring the benefits of good depression care to minority communities. His prior study, Partners in Care, showed that a team-based model to improve the quality of depression care in primary care improved depression in Latinos and African Americans about five times more than Caucasians. They've been working together ever since with an ever-growing team of partners to bring depression



care to local communities.

The CPIC model has had significant impact on local healthcare policy. The County of Los Angeles has based its strategy for expanded Medicaid Behavioral Health Services, the Health Neighborhood Initiative, on the CPIC model. The CPIC approach demonstrates that strong authentic community engagement can lead to high quality science that improves care delivery and outcomes for under-resourced minority communities while having significant policy impact.



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HONOREES

INSURANCE CEO OF THE YEAR

JOHN BAACKES

Chief Executive Officer L.A. Care Health Plan

INCE March of last year, John Baackes has served as Chief Executive Officer of L.A. Care Health Plan -- with more than two million members, the nation's largest publicly-operated health plan. Baackes has more than 30 years of healthcare experience, encompassing roles in general management, operations, business development, sales and marketing.

In his current role as CEO at L.A. Care Health Plan, Baackes oversees the day-to-day operations, while positioning the organization for success in the new -- and increasingly complex -- healthcare and regulatory environment created by the Affordable Care Act.

Like many other publicly-operated health plans across the nation, L.A. Care has experienced a period of unprecedented volatility and rapid growth due in large part to the expansion of health coverage under the ACA. Even so, Baackes -- with only one year on the job -- has managed to create a sense of stability amid an ever-changing healthcare landscape, all while maintaining the organization's mission and its commitment to employees, members, partners and the community.

Baackes also serves as the external face of L.A. Care and works extensively to develop trusted relationships with L.A. Care's partners, including the County of Los Angeles, California Department of Healthcare Services and Centers for Medicare and Medicaid Services. Further, he works diligently with county hospitals, federally qualified community clinics and other safety net providers to expand access to care, improve quality and demonstrate value to members and the community.

Under Baackes' leadership over the past year, L.A. Care has welcomed 400,000 new members, launched L.A. Care Covered Direct (a new product line), hired several hundred new employees and recently launched a new workforce development and recruitment program. His leadership and personal commitment to excellence leads the organization and continues its mission of providing access to quality healthcare into the future.



HEALTHCARE MANAGER OF THE YEAR

PAMELA PENSON MBA, PHD

Owner, Founder & Chief Executive Officer ADIA

decade ago, Pamela Penson, MBA, Ph.D. founded ADIA to address her general dissatisfaction with the quality of the current in-home caregiver services available. ADIA is now the leading and premier non-medical homecare and personal care service provider to older adults in Southern California.

Penson personally grappled with the daunting task of providing care for someone in her family in a difficult time of need. She wanted the best for her loved one and was shockingly disappointed with the quality of caregivers and lack of caregiver oversight that was available. She sought out organizations that would not only care for her family members' basic needs, but would also understand her experience, hopes, confu-

sion, concerns, and dreams. Nothing like this existed, and she knew she could do better by revolutionizing the caregiving approach towards our elders with connection, civility and accountably.

Today, her leadership has created an agency that is truly unique in the caregiving industry. She is always seeking ways to better integrate economic progress, social development and environmental preservation ensuring a quality of life for present and future generations. ADIA demonstrates its commitment to social responsibility by providing services that improve the lives of many groups in our community, in terms of education, health, cancer, Alzheimer's disease, mentoring, children, social development, and the environment. Adia contributes to social responsi-



bility both in principle and in action.

ADIA's Community Education Department, also created by Penson, is committed to providing relevant information about current eldercare issues through presentations led by industry experts. Information is powerful and the key to making good decisions about ourselves and/or our loved ones.

Under her stewardship, ADIA's approach is soulful, thoughtful, personal, friendly, nimble, colorful and genuine -- and reflects the highest standards of excellence in the industry. And Penton has firmly established her place as an educator, mentor, transformer and leader of a new generation of elder care.



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HONOREES



HOSPITAL EXECUTIVE OF THE YEAR

HARLAN LEVINE, M.D.

Chief Executive Officer & Associate Director for Community Initiatives City of Hope Medical Foundation

R. Levine oversees the ambulatory and outpatient practices for the enterprise. He is a member of City of Hope's organization-wide executive team and the Associate Director for Community Initiatives at the comprehensive cancer center.

Dr. Levine joined City of Hope in February 2013 to lead the Medical Foundation in its mission to care for, and provide services to, City of Hope patients. Part of that mission is growth with the aim to serve more patients, and last year Dr. Levine spearheaded City of Hope's Center for International Medicine to extend City of Hope's expertise to patients abroad. He developed a strategic market-entry approach built upon long-standing academic relationships that will grow City of Hope's clinical programs and find innovative ways to expand access to its high-quality care to patients worldwide.

Dr. Levine has also spent his three years at City of Hope addressing one of Los Angeles' key healthcare challenges -- access to expert specialty care. Healthcare reform has led to the formation of narrow networks and reduced benefits that have limited access to academic healthcare, particularly for those from lower socio-economic groups. By expanding City of Hope's presence in the surrounding communities and contracting with the local medical groups and Covered California health plans, Dr. Levine has established access to City of Hope's leading experts for millions of Los Angeles residents.

With Dr. Levine's strategic direction, City of Hope has expanded its footprint from having five community practice clinics to 13 clinics treating more than 30,000 patients in the last year across Southern California. This incredible amount of growth in such a short amount of time has enabled these thousands of patients to take advantage of cutting edge care that is integrated with an academic medical center, the leading surgeons and oncologists, and that delivers the most up-to-date and best of Personalized Medicine.



HOSPITAL CEO OF THE YEAR

LINDA BRADLEY

Chief Executive Officer & Chair of the Governing Board Centinela Hospital Medical Center

INDA Bradley, CEO of Centinela Hospital Medical Center, oversees the operation of the 369 bed medical center located in Inglewood. She has overall responsibility for 1,500 employees and a medical staff of over 500 physicians and allied health professionals.

In her current position, she provides day-to-day operational leadership for the hospital; interfaces with community stakeholders and is an integral part of Prime Healthcare Services senior management team. In addition, she is also spearheading the hospital's compliance with SB1953 seismic retrofit project, which will also include the expansion of the emergency department to 60 beds and the renovation of patient care and public areas. The increase in the size of the emergency department is vital as over 60,000 patients come through its doors annually. This ambitious seismic re-construction and renovation program will enhance Centinela Hospital's ability to provide nationally recognized care to underserved constituencies.

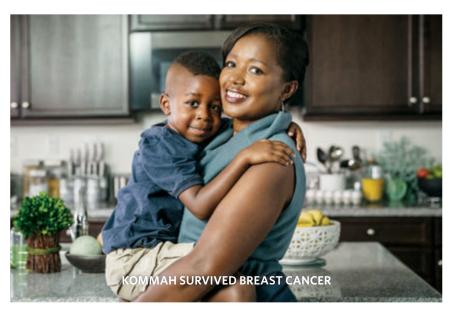
During her tenure, Bradley has been instrumental in assisting Centinela to achieve numerous quality distinctions including the Healthgrades Distinguished Hospital Award for Clinical Excellence in 2010, 2011, 2012, 2013, 2014, 2015 and 2016. Under her stewardship, the hospital has also been awarded the Healthgrades Patient Safety Excellence Award in 2014 and 2015. This recognizes hospitals for how well a hospital prevents infections, medical errors, and other complications based on 13 standard patient safety indicators.

Bradley's commitment to the patients of the hospital is unparalleled. Under her leadership numerous patient satisfaction programs have been instituted throughout the facility. She takes a hands on approach in the care of our patients and rounds on patient floors on a daily basis. Being an RN herself, she knows firsthand the experience that patients, and their family members, should expect when they are admitted to the hospital. This insight also allows her to understand and anticipate the needs of the nursing staff and provides them with the tools and training to provide superior patient care.

WE'RE COMING AT

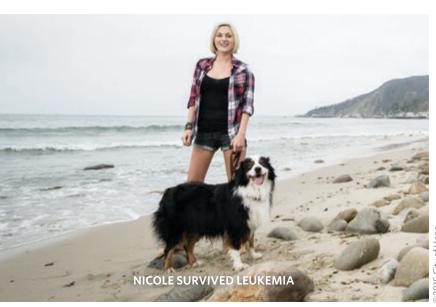
CANCER IN WAYS CANCER

DOESN'T SEE COMING









Every day, just northeast of Los Angeles, the world-renowned research hospital, City of Hope, is pioneering some of the most unanticipated cancer breakthroughs of our time. From teaching T-cells to destroy cancer to developing the research behind the world's four most widely used cancer drugs, City of Hope produces medical miracles that make lives whole again. But it's not enough to just heal the body. By caring for the individual, we help you re-become the person you were. At City of Hope, we combine science with soul to create miracles. To find out more about how we're saving lives by outsmarting cancer, go to: **CityofHope.org** or call **800-826-HOPE.**



HONOREES

HEALTH SYSTEM CEO OF THE YEAR

MITCHELL R. CREEM

Chief Executive Officer Verity Health System

s Chief Executive Officer of the Verity Health System, Mitchell R. Creem is committed to providing the tools, techniques and strategies to allow employees and physicians of the former Daughters of Charity Health System to drive improvements in patient care and operations. Creem was one of the driving forces behind Blue Mountain Capital's successful purchase of Daughters of Charity in 2015. He will now guide Verity's six hospitals, including St. Vincent Medical Center in downtown Los Angeles and St. Francis Medical Center in Lynwood, as well as six hospitals in Northern California and its Medical Foundation and philanthropic foundations to transform the ways medical care is delivered to its communities.

Creem has more than 30 years of experience in healthcare leadership, has served on numerous boards of community hospitals and hospital and physician ventures and has taught courses at the University of Southern California Price School of Public Policy and at the University of California at Los Angeles Field School of Public Health.

The hospitals and medical foundation were previously led by the Daughters of Charity since 1858. The Daughters ministered to ill, poverty-stricken individuals for more than 150 years, but in recent times struggled with mounting labor costs, low reimbursement rates and the ever-changing healthcare landscape. In July 2015, the Daughters of Charity Health System Board of Directors selected BlueMountain Capital Management LLC to recapitalize its operations and transition leadership to the new Verity Health System.

Creem is now helping Verity to expand and create new clinical programs, making healthcare more accessible and affordable in every market the system serves, while remaining committed to providing quality, compassionate care to all patients. Creem is prepared to accept these responsibilities, as he has led several diverse management teams through significant financial and cultural changes on the road to profitability.







LOOKING TO ELEVATE YOUR CAREER?



COMPANY OVERVIEW

L.A. Care occupies a leading position in the managed health care field. It is the largest organization of its kind in the U.S. - a publicly operated health plan with over \$6 billion in revenues and serving more than two million members.

Based in Downtown Los Angeles, our unique mission is supported by a staff driven by and passionate about making a difference in the lives of the most vulnerable individuals in Los Angeles County.

WHY CHOOSE A CAREER IN HEALTH CARE?

L.A. Care is a rapidly growing organization - and has many opportunities for career growth. We offer six product lines to meet the health care needs of Los Angeles County's diverse communities. Following are a sample of some of the exciting job opportunities currently available:

- Learning & Career Services Organization Development Program Manager
- Database Services Senior ETL/Business Intelligence Administrator
- Quality Improvement Incentives Project Manager
- Regulatory Affairs & Compliance Medicare Compliance Monitoring Supervisor
- ▶ IT Project Management Release & Change Management Manager
- Human Resources Benefits and Compensation Manager

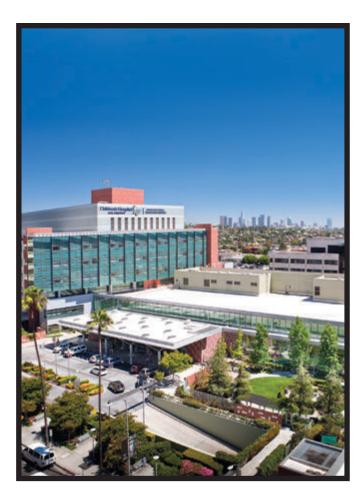
L.A. Care offers a dynamic environment with considerable opportunities for professional and personal growth. These include a generous array of employee benefits, opportunities for yearly incentive bonuses and merit-based salary increases, a robust tuition reimbursement program, and an expansive staff wellness program.



Visit **www.lacare.org** to take the next step in your career.

L.A. Care Health Plan is an Equal Opportunity Employer

HONOREES



HOSPITAL OF THE YEAR

CHILDREN'S HOSPITAL LOS ANGELES

HILDREN'S Hospital Los Angeles (CHLA) is a nonprofit institution that provides pediatric healthcare to more than 107,000 children each year in a setting designed just for their needs. CHLA's history began in 1901 in a small house on the corner of Alpine and Castelar Streets (now Hill St. in Chinatown) and continues today with an urban campus that is home to medical experts who have developed more than 350 pediatric specialty programs and services to meet the needs of its patients.

CHLA is a provider of more than \$125 million in community benefits annually to children and families. As the first and largest pediatric hospital in Southern California, CHLA relies on the generosity of philanthropists in the community to support compassionate patient care, leading-edge education of the caregivers of tomorrow and innovative research efforts that impact children at our hospital and around the world.

CHLA is one of the only hospitals in Los Angeles and its surrounding region that is entirely focused on the care and treatment of children. Every element of the facility is designed to care for a developing child's needs. From baby-sized blood pressure cuffs and diapers for preemies, to CHLA's special brand of family-centered care, the hospital is just the right size for the care of infants, children or adolescents. Natural light, a special universally-accessible playground and gardens are all designed to promote the health and healing of patients.

CHLA is also a national leader in pediatric research. Its researchers and physician-researchers are dedicated to constantly improving patient care by bringing the best ideas from research labs to clinic and hospital rooms, advancing diagnosis and treatment options for children. Millions of dollars of research funding from across the nation are dedicated each year to saving the lives of children by finding better treatments and new cures.



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"Toby was a speaker at one of our Legal Updates and updated our group to some of the legal ramifications of Health Care Reform. I found Toby to be well informed. He is extremely knowledgeable and very passionate about Health Care Reform and it's legal impact on corporate America."

- Dick Gast, President, SMA of Southern California

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FINALISTS

There were so many excellent contenders for the Health Leadership Awards this year, we couldn't let these honorable finalists slip by without recognition. Congratulations to each of the following Health Leadership Award finalists listed below alphabetically and grouped as individuals and organizations.

INDIVIDUAL FINALISTS

DAVID ALLERBY 24Hr HomeCare

David Allerby co-founded 24Hr HomeCare in 2008 with partners, Ryan Iwamoto and Tyner Brenneman-Slay. 24Hr HomeCare is a professional caregiving company that provides services to seniors and developmentally disabled individuals, helping them lead healthy and full lifestyles while retaining their independence and dignity. Since then, Allerby has served as its Chief Executive Officer, and played a pivotal role in helping the company grow from a fledgling startup to a now-established company with 14 locations, including a headquarters in El Segundo. In 2015, 24Hr HomeCare expanded into two strategic out-of-state locations, Scottsdale, Arizona, and Dallas, Texas, under the leadership of Allerby and the management team. Under Allerby's leadership, 24Hr HomeCare has strengthened its senior management team by recruiting forward-thinking executives from Fortune 500 companies. Together, the team has continued to raise the standard of homecare offered in the homecare industry -- the reason behind 24Hr HomeCare's rapid growth is the quality of professional caregiving it provides and the staff that makes this a possibility.

DR. STEFANY ALMADEN The Almaden Group Inc., Consulting & Transitional Leadership

Dr. Stefany Almaden has been the President & CEO of The Almaden Group, Inc. since 2005. She and her company provide consulting services inclusive of transitional leadership roles, organizational operations revamp, and building infrastructure, programs, committee and protocols for third party administrators and care management organizations on a national level. She has worked in a variety of settings within the healthcare industry for over 20 years, and more than 15 years in Health Services/Care Management. Her care management experience includes multiple settings such as managed care, IPAs/Medical groups, ACOs, hospitals/hospital systems and academia. She possesses extensive knowledge of legislative updates as well as regulatory and accreditation standards and an expertise in Utilization/Medical management, Care Management, Quality Management, Appeals and Grievances, Medicare severity Clinical Documentation Improvement, RAF (Risk Adjustment Factor), HEDIS, Hierarchy of Chronic Conditions, and STAR Ratings.

PAUL BRYDON

Antelope Valley Healthcare District Antelope Valley Hospital is a 420-bed District Hospital located in Lancaster with assets of over \$350 million and net revenues of over \$400 million. As Chief Financial Officer for Antelope Valley Healthcare District, Paul Brydon oversees all aspects of the hospital's accounting, reimbursement

and financial systems. These duties include managing the financial close process on a month end and year-end basis as well as the timely reporting of these results to the District's Board of Directors. He works closely with administration in evaluating the anticipated operating and capital costs of the Hospital as well as forecasting revenues for the purpose of drafting the Hospital's annual budget. He manages each step of the Hospital's revenue cycle which starts with the Admitting Department that initiates each patient's medical record all the way through to the Hospital's business office who ensures that medical billing is accurate, complete and that charges for patient care are fair yet competitive.

MONA CLAYTON RN, MSN Nurses Roc 2 Publishing

A Registered Nurse, Author and Entrepreneur, Mona Clayton was born in South Central Los Angeles and knew at an early age that having a successful and fulfilling career was not only a goal, but also a necessity. Mona Clayton's nursing background includes labor and delivery, urgent care, intensive care unit, medical-surgical, telephonic nursing and ambulatory care. In addition to having a successful 16-year career as a registered nurse, Clayton has become a life-changing mentor helping to transform and encourage nursing students because of the "Surviving The Journey Seminar" Tour. Clayton also founded Nurses Roc 2 Publishing, Inc. in 2007 to provide awareness about nursing as a career and to assist students in realizing their dreams of becoming nurses. Nurses Roc 2 Publishing, Inc. is a company designed to motivate and inspire nursing students and to bring awareness about choosing nursing as a career path while providing services such as seminars, books and lectures.

DR. ANN COLEMAN

UCLA Mobile Eye Clinic

Vision plays a crucial role in a child's development. Out of the 451,000 children in Los Angeles County, 90,200 children have potential vision problems with 18,040 children at risk of permanent vision loss. According to the American Academy of Ophthalmology, 80 percent of preschoolers do not receive vision screenings. Improving vision not only enhances learning development, but also improves the quality of a child's social and personal life. The UCLA Mobile Eye Clinic (UMEC) brings high-quality eye care to underserved communities and vulnerable populations who lack access to healthcare as a result of finances, transportation problems or cultural and language barriers. The UCLA Mobile Eve Clinic Team benefits from 39 years of experience delivering services to underserved communities. The current team, under the leadership of Dr. Anne Coleman, is unique in its composition and scope of services. It consists of undergraduate and medical student volunteers, dedicated administrative and technical staff, and a full spectrum of eye care professionals from resident ophthalmologist to sub specialty (pediatric) ophthalmologist

GILBERTO GRANADOS MD, MPH Summer Urban Health Fellowship Led by Dr. Gilberto Granados, the Sum-

mer Urban Health Fellowship is a health professional pipeline program in which family medicine residents and medical, college and high school students from under-resourced communities spend six weeks during the summer in the predominantly immigrant community of Wilmington to engage in the community to improve the health and well-being of its population. Although minority physicians are more likely to practice in underserved communities, pre-professional health students often lack the preparation and support to thrive in college, enter professional schools, and fulfill their dreams. The fellowship aims to bolster the pipeline of under-represented minority professionals by connecting UCLA/ Charles R. Drew University medical students with college and inner city high school youth in a rigorous internship in an under-resourced community. More than 180 medical students, 200 undergraduates and 300 high school students from predominantly disadvantaged backgrounds have participated in the program and continue to be mentored by the program and other students in the pipeline.

KYLE HILL HomeHero

As the CEO and Co-Founder of HomeHero, Kyle Hill is responsible for overseeing the company's strategic decisions, corporate identity, and shaping long-term goals. He started HomeHero after observing the devastating process his father went through finding trusted caregivers for his 98-yearold grandmother, and dedicated his life to fixing one of the biggest problems of his generation. The process of finding and hiring a caregiver was daunting for the family. In a weekend, Hill and colleague Mike Townsend built an app allowing caregivers to clock in and clock out and get paid automatically. When they saw the impact that this had on Hill's dad, they decided to dedicate their lives to fixing one of the biggest problems of their generation. Today, Hill regularly works with the brightest minds in the healthcare industry to develop new tools that not only streamline the senior home care process for families, but also integrate with existing healthcare systems to ensure a stable healthcare continuum across every stage of a senior's life.

SKYE KELLY **Heal One World**

Skye Kelly formed Heal One World in 2009 to help connect people in need of preventative healthcare, non-traditional modalities, natural non-invasive treatments and guidance learning self-help techniques that are generally not covered by insurance. Heal One World offers classes on a sliding scale, free or donation basis to ensure that people of all walks of life are welcome, particularly those who are financially incapable of receiving the traditional medical treatments. Heal One World's mission is to create a network of alternative healthcare providers and expand the scope of knowledge about these practices that in many ways are equivalent, if not more beneficial, than the traditional modalities. In an effort to expedite this process over the past seven years, Kelly and Heal One World has taken on a number of new and exciting

programs that are vital for a healthy lifestyle, and inform the lower-income communities about cost-effective alternatives.

MICHAEL KLOTZ

Health Data Vision Inc.

Michael Klotz is the Founder and CEO of Health Data Vision Inc., a company that is developing a software platform that allows for the extraction of the medical record from the provider to the insurance company. This "Trojan horse" concept will likely transform the ability for audit of care to take place efficiently. The vision is to ultimately transform the patient's ability to navigate the hospital system from doctor to doctor, as well as having the records in the correct platform to provide industry altering insights and analytics. While not directly providing care, Klotz has designed HDVI to make a meaningful impact on doctors' ability to deliver care and patient outcomes. Klotz is driven to the mission and has made deep personal and financial sacrifices to get HDVI close to the goal. He is bringing the conversation to the community at large, the insurer (payers) and the doctors (providers). This mission, to Klotz, is more then software -- but rather, a chance to make the entire system better.

PRECIOUS MAYES Pacific Hospital of the Valley and Wave Innovations, LLC

Precious Mayes has been in the healthcare industry for over 20 years. Her direct experience ranges from a direct patient care provider as a respiratory therapist to succeeding in various executive positions being responsible for sales/marketing, census development, operations and clinical management and development. She started with the 231-bed Pacifica Hospital as an independent with fresh visionary ideas. She took the assignment of census development and completed it with rapid success. Mayes was then given the Chief Development position in which she excelled in creating a referral network that grew from a 20-mile radius to a more than 350-mile radius. Mayes also created Wave Innovations in January 2014. In this short time, she aligned over 10 contracts to provide services to meet the unique needs of each of her health industry clients. Wave is an independent consulting company with fresh visionary ideas.

BRADLEY SCHMIDT

Inglewood Imaging Center, LLC Bradley Schmidt is the founder of the Inglewood Imaging Center, LLC, which he developed out of a passion to bring advanced radiology services to the Los Angeles County's 5,000,000 LA County patients and has pioneered a number of efforts countywide, including EMR interface development; radiology "cloud" image distribution; and the pioneering of the development of a "virtual" integrated delivery business model. In short, Inglewood Imaging Center has evolved into the region's top performing outpatient radiology centers by embracing change, putting the MD and patient first and delivering top-notch technology to an economically challenged region. IIC invested millions of dollars into its state-of-the-art imaging center to ensure that patients receive the most accurate



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FINALISTS

Continued from page 30

medical imaging tests possible. Despite this, the Center's community-minded focus has kept its I.P. scalable and addressing the fragmented nature of the lower income zip codes of LA County which are vitally important to all LA Citizens.

ORGANIZATIONAL FINALISTS

COMMUNITY INFORMATION CENTER - WHITE MEMORIAL MEDI-CAL CENTER

Through a complementary set of outreach efforts, White Memorial Medical Center has developed a powerhouse program to connect underserved communities in Boyle Heights and East Los Angeles to essential healthcare resources and preventive health information. Since its opening in May 2014, White Memorial's Community Information Center (CIC) has served as the flagship of these efforts, working to improve access to information and assistance regarding healthcare services, insurance coverage options and preventive health programming, particularly for the surrounding community's most vulnerable populations. In its first year of operation, the CIC served over 8,000 visitors. These visitors received services such as: free consultations about healthcare coverage plans, including Covered California, Medi-Cal and Medicare (which have resulted in over 700 new enrollments for previously un- or underinsured community members); one-on-one assistance navigating the healthcare system and finding a doctor who fits their needs; and, in partnership with MAOF (Mexican American Opportunity Foundation), assistance in accessing resources and services to meet basic needs such as food, housing and transportation to healthcare services.

THE LOS ANGELES TRUST FOR CHILDREN'S HEALTH

The Los Angeles Trust for Children's Health's (The L.A. Trust) mission is to improve student health and increase readiness to learn through access, advocacy, and programs. It was first established in 1991 as a nonprofit agency to help improve the health of children and families within the Los Angeles Unified School District (LAUSD) as well as to provide resources and support for the growing number of school-based health centers in LAUSD schools. Today, The L.A. Trust is pursuing a bold plan to further develop and expand its 14 "Wellness Centers," within communities experiencing significant health disparities. These Wellness Centers represent an expanded concept in school-based healthcare. They integrate and coordinate care for students, families, and the surrounding community with a focus on comprehensive care, prevention and early intervention, and education to

promote health and wellness. The L.A. Trust's mission is focused, deep, enabling and strengthened by evidence that health challenges such as recurring asthma, tooth pain, and mental health conditions are drivers of student absence.

UCLA TIES FOR FAMILIES - UCLA HEALTH

Children in foster care often have complex needs and risk factors. Resource families may be hesitant to adopt these children who may have had prenatal substance exposure; histories of trauma, abuse and/or neglect; a family history of mental illness; multiple placements; loss and grief; separation from loved ones; and educational or developmental gaps due to lack of nurturing and exposure. UCLA TIES for Families has a 20-year track record of partnering with community departments of child welfare and mental health to provide the multidisciplinary services and support that foster/adoptive families require to provide loving, permanent adoptive homes to children and adolescents with special needs or risk factors. The program prepares and supports foster/ adoptive families with pre-placement education and state- of-the-art multidisciplinary services. By destigmatizing risk factors and providing adoption-competent trauma-informed family care, UCLA TIES for Families strengthens families and

increases positive future trajectories for these children and young people.

YOUTH OPPORTUNITIES FOR LIFE OPTIONS (YOLO) - UCLA HEALTH

The Youth Opportunities for Life Options (YOLO) is a comprehensive intervention targeting obesity among inner-city youth. It brings youth, families, schools, academic institutions and community partners together to address the epidemic at the individual level, while advocating for healthier community environments. YOLO targets high-risk inner-city youth at Gardena High School (GHS), which is among the lowest performing schools in LAUSD with more than 74 percent of students living below the Federal Poverty Level. The student body is predominantly Latino and African-American with more than 55 percent of the students being overweight or obese. As of last year, 23 Gardena high school students participated in the 12-week YOLO program. Students meet weekly at the high school clinic with physicians (faculty and resident physicians) and a behavioral psychologist for an hour and half. One of the largest impacts thus far has been the expansion of the partnership beyond GHS to include the local after-school ARC program, medical students, undergraduates, behavioral health, nutritionists, a chef, community activists and families.

UCLA Health and the David Geffen School of Medicine at UCLA

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Education is an Integral Piece of the Healthcare Puzzle

T first glance, there seems to be a thousand pieces to assemble in the puzzle that is healthcare. Headlines across the U.S. continuously report that healthcare enrollment is up as a result of the Affordable Care Act, and consequently there is a lack of healthcare professionals available to meet these new demands. Couple that with the sustained growth of the U.S. population, its increasing diversity, aging of baby boomers, new industry regulations, technological advances and data security threats, and apprehension rises about the capabilities of the healthcare workforce to meet these challenges.

These changes in the healthcare landscape present ongoing issues that need to be managed and addressed. Not only is there a need to attract and retain a pipeline of healthcare professionals to meet industry demands, there's also a critical need for healthcare professionals trained to continue to deliver quality of care and measured outcomes; manage care in compliance with new regulations and technologies; combat data security risks; and, move the industry forward.

This list of necessities continues to expand with the rapidly changing industry, and obtaining appropriate education, licensure or certification is the glue critical to putting the pieces together. The health-care puzzle cannot be solved without institutions of higher education playing an essential role in arming current and prospective healthcare professionals with the skillsets they need to successfully navigate this ever-changing environment. Those of us in higher education must offer relevant and flexible curriculum that will develop a pipeline of talented professionals prepared to move the industry forward.

Educational institutions must collaborate with government, healthcare organizations and industry leaders to develop educational programs that prepare students for success. It is critical that we provide students forward-looking, industry-aligned education that is calibrated to adapt to industry changes and equips

students with real-world experience. This will ensure our healthcare workforce is prepared to make both independent and collaborative decisions in the delivery of healthcare in today's dynamic environment.

Many of today's current and prospective healthcare professionals are working adults who need educational offerings that provide the flexibility needed to fit into their busy personal and professional schedules. Higher education institutions

need to constantly renovate their curriculum to support varying lifestyles as students juggle educational, family and work responsibilities.

The complexity of the healthcare industry will continue to grow. The success of the industry will largely depend on the strength of its workforce. That is why continuing education and training is critical to effectively and efficiently deliver and manage care to communities across the states. Healthcare is a complex

puzzle, but one we can solve through collaboration with healthcare organizations and educational institutions to focus on workforce development, recruiting talent and upskilling the current workforce to develop the next generation of healthcare leaders and move the industry forward.

Information for this article was provided by University of Phoenix College of Health Professionals. For more information, visit www.phoenix.edu.

New Report Indicates Medicaid Expansion as a Key to Improving Behavioral Healthcare Access

Last month, the U.S. Department of Health and Human Services released a report showing that states can greatly improve access to behavioral health services for residents by expanding Medicaid under the Affordable Care Act. Substance use disorders and mental illness are prevalent and serious public health problems in American communities. According to the report, in 2014, the most recent year for which data is available, an estimated 1.9 million uninsured people with a mental illness or substance use disorder lived in states that have not yet expanded Medicaid under the Affordable Care Act and had incomes that could qualify them for coverage. The report finds that people with behavioral health needs made up a substantial share of all low-income uninsured individuals in these states: nearly 30 percent. While some of these individuals had access to some source of health insurance in 2014, many will gain access to coverage only if their states expand Medicaid, and others would gain access to more affordable coverage.

"The report shows that Medicaid expansion is an important step states can take to address behavioral health needs, including serious mental illness and opioid and other substance use disorders," said Secretary Sylvia M. Burwell.

To date, 30 states plus DC have expanded Medicaid under the Affordable Care Act. However, 20 states—including many of the

states that would benefit most—have not yet seized this opportunity. Previous estimates have shown that if these states do not change course, over 4 million of their citizens will be deprived of health insurance coverage in 2016.

The report highlights that, along with its other benefits, Medicaid expansion could dramatically improve access to treatment for people with mental and substance use disorders, thereby improving health outcomes. Research shows that low-income adults with serious mental illness are significantly more likely to receive treatment if they have access to Medicaid coverage, with benefits for their health. If all states expanded Medicaid, an estimated 371,000 fewer people each year would experience depression, and 540,000 more people would report being in good or excellent health.

States that choose to expand Medicaid may achieve significant improvement in their behavioral health programs without incurring new costs. State funds that currently directly support behavioral healthcare treatment for people who are uninsured but would gain coverage under expansion may become available for other behavioral health investments. For example, several states that expanded Medicaid reported that they expected reductions in general funds needing to be allocated to the uninsured for treatment ranging from \$7 million to \$190 million in 2015. This

creates opportunities to meet other pressing health, mental health and substance use disorder needs. States can also expect to have a more productive workforce, because expanding treatment will permit a reduction in adverse workforce outcomes stemming from mental and substance use disorders. Research shows that depressed employees incur significantly more disability days than do otherwise similar employees, and substance use disorder treatment was associated with \$5,366 annually in employer savings from reduced absenteeism alone.

Thanks to the Affordable Care Act, states have the opportunity to expand Medicaid coverage to individuals with family incomes at or below 138 percent of the federal poverty level. Healthcare costs for people made newly eligible through the Medicaid expansion are paid for with 100 percent federal funds in 2016, and 95 percent in 2017, scaling down to 90 percent in calendar years 2020 and beyond. President Obama recently proposed an extra incentive for states that have not yet expanded their Medicaid programs, which would provide any state that takes up Medicaid expansion the same three years of full Federal support and gradual phase down that those states that expanded in 2014 received.

To read the full report, visit: https://aspe. hhs.gov/pdf-report/benefits-medicaid-expansion-behavioral-health

N Monday, April 18th, the Los Angeles Business Journal hosted a fireside-style discussion on the direction the healthcare industry is headed in Los Angeles County and Southern California. Our Panel of experts shared their insights on the Affordable Care Act, company insurance policies, and how hospitals can partner to give better care to the people of Los Angeles. Moderated by DeVon Wiens, Partner at Moss Adams LLP, the discussion was informative, insightful and spirited.

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The Healthcare Reform Bill: A Quick Overview for the Busy Executive Curious about Compliance.

By TOBY KENNEDY

meet with a lot of employers who ask me to "bottom line this thing" for them. Often, executives who don't have time to get into the weeds of the legislation, will see me in their hallways, and take advantage of our time together to ask me some high level questions about their compliance. It's a big piece of legislation—and certain rabbit holes can be especially ethereal. However, for the purposes of a general overview, I've compiled an "FAQ" list of sorts. If anything here piques your interest, you may want to call your broker/advisors, or at the very least, shoot HR a quick "hey, are we doing this?" email.

First of all—offering insurance. Technical "employee count" can get a little wonky, but for the most part, you should know if you have 50 employees. If you are under 50 employees, you have no new requirements to offer insurance. In other words, the *legislation* does not impose that requirement upon you. As was the case in the "pre-ACA world" (2010 and prior), employers will want to consider offering insurance mainly for the purposes of recruitment and retention. If you do have 50 or more employees at your company, you will probably want to offer insurance. Obviously "recruitment and retention" can depend somewhat on your industry, but Once you know what type of coverage you'll offer, and the price points for those plans, you need to know which of your employees you will offer the coverage to. Most employers have a mix of part time and full time employees, so your overall roster of people will have a division of some people that do get offered insurance, and some people who are told they're not eligible.

for the most part, an employer choosing to pay the fine is a bad bet. Not only are you at risk of seeing the higher level talent pool go to competitors, but you will be paying a pretty hefty fine as well. The fine is not tax deductible, it is indexed every year, and this year's penalty is \$2,160 per year, per person. You can deduct 30 people from the amount you're ultimately fined on, but even still, after paying a couple thousand dollars per person to the government in a non-deductible fashion, you'll probably be feeling a little sting there—let alone any troubles you might see in attracting/keeping top candidates.

So, if you do offer insurance, what type should you offer? Well, for compliance purposes, you need to make sure the plan is at least robust enough (from a coverage standpoint) by ensuring its "Actuarial Value" is at least 60%. In addition to

the type of plan, you need to be compliant with its "affordability," or how much you deduct from employees' paychecks to sign up for your plans. Long story short, you need to have at least one option in your portfolio that is within 9.5% of the employee's income. In other words, it doesn't matter what they ultimately sign up for, and any "higher cost" buy-ups are fine, so long as an option at least existed for the employee to get self-only coverage at a premium that does not exceed 9.5% of his/her income. Note I said "self-only" coverage—in other words, the legislation doesn't care how expensive it is to add a spouse or children.

Once you know what type of coverage you'll offer, and the price points for those plans, you need to know which of your employees you will offer the coverage to. Most employers have a mix of part time and full time employees, so your

overall roster of people will have a division of some people that do get offered insurance, and some people who are told they're not eligible. Determining eligibility for the plans is actually pretty complicated, so the only thing I'll say about this is that you do not want to mess this up. The most expensive mistake an employer can make would be to pay for insurance, but not get the eligibility correct, because you'll end up paying the costly pay or play penalty *on top* of all of your premiums. Make absolute sure that someone, somewhere at your organization is an expert in tracking employee eligibility.

Those are the main aspect of the employer's responsibility. Apart from this, you will want to be sure your reporting is going well. Most companies are leaning on their payroll vendor, but between them, your benefits advisors, or your HR team, the last piece of compliance you'll want to check on is making sure your reporting went smoothly.

This is just enough information to make you dangerous—as I mentioned at the top of the article, there is so much complexity that to dive deeper is really another conversation for another day, but hopefully this overview gets the right conversations started.

Toby Kennedy is Executive Vice President at Montage Insurance Solutions. For more information, visit montageinsurance.com.

Incorporating 'Whole Person Care' to Improve Health Outcomes

By HENNA A. ZAIDI and DAWN JOHNSON

HE traditional approach to medicine is quickly becoming obsolete as healthcare shifts from a focus on treatment to prevention. Treating an illness is often far more expensive than providing the preventive care that would deter its onset, and preventive care is imperative to developing long-term solutions for population health management. However, incentives are not always aligned to encourage this approach. Existing delivery models fail to acknowledge factors outside of the healthcare system that impact an individual's overall health status. Addressing patient care from a broader perspective includes addressing social determinants that influence health outcomes. Health systems across the nation have consistently recognized this dynamic interplay between an individual's social needs and their health, citing frequent unmet needs related to behavioral health, substance abuse, housing, access to food and unemployment as significant contributors.

Unaddressed social needs often impact total healthcare costs, resulting in a vicious cycle of admissions and discharges. Consider the circumstances, for example, of a homeless diabetic patient discharged from the emergency department

with a prescription for insulin. Without a home, this patient does not have refrigeration to store the insulin. Without transportation, the patient is unlikely to be able to refill the prescription and continue to receive care from a primary care physician. Housing instability and food insecurity exacerbate the patient's health condition. Without addressing these core social issues, this patient is likely to be back in the emergency department or admitted for a costly complication. This is a common example of why behavioral health and social service needs should be incorporated into larger discussions on achieving the Triple Aim of improving health outcomes, reducing per capita costs and improving patient experience.

More recently, healthcare institutes have explored potential models that coordinate behavioral health, social and healthcare needs within and across multiple systems. Referred to as Whole *Person Care,* these programs focus on care coordination systems and processes that address the impact of unmet social and behavioral health needs on patient outcomes. Whole person care aims to make more efficient and effective use of existing resources for vulnerable populations in order to improve health outcomes. Vulnerable populations are often individuals suffering from a combination of housing instability, food insecurity,

unemployment, chronic disease and substance abuse/behavioral health disorders. As a result, they have higher utilization rates with poorer health outcomes.

In traditional healthcare models, healthcare providers are not incentivized to provide whole person care, or at the very least, connect patients to services that address their unmet need. As research emerges on the effectiveness of whole person care, the Centers for Medicaid and Medicare Services (CMS) have created programs that address existing gaps through demonstrations and alternative payment models aimed at achieving the Triple Aim. As a result, states are beginning to pursue innovative programs that incorporate additional funding or incentives to pilot such models.

On December 30, 2015 CMS approved California's Section 1115 demonstration waiver renewal, titled "California Medi-Cal 2020 Demonstration." The renewal of the waiver allows California to build off successes of the initial waiver, A Bridge to Reform, and continue its work transforming service delivery to Medi-Cal's 12.8 million members by improving quality, access and efficiency.

Medi-Cal 2020 has four major initiatives, all with the goal to improve the quality and value of care provided to California's Medi-Cal beneficiaries. The four major initiatives include:

- 1. Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
- 2. Global Payment Program
- 3. Whole Person Care Pilot
- 4. Dental Transformation Initiative

The following discussion will focus on the Whole Person Care Pilot and details around program design, stakeholders and implementation timeline.

Whole Person Care Pilots

The Whole Person Care (WPC) pilot is a five-year program aimed to provide more efficient, high quality, integrated care by better coordinating physical health, behavioral health and social services for Medi-Cal patients who are high users of multiple healthcare systems, yet continue to have poor health outcomes. The WPC pilots recognize the need to improve coordination of care across multiple systems to more efficiently address external factors that affect the health of individuals. The pilots seeks to convene strategic collab orations among stakeholders to foster synergies in infrastructure development and prevent duplication in program costs in order to address the unmet needs of patients from a systems perspective.

The pilot is funded through a combination of state and federal funds. Up to \$300 million annually in federal funds is

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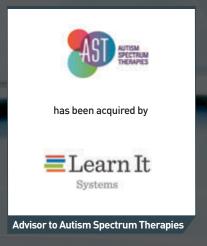
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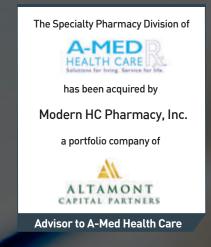












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A Nurse Case Manager Pipeline Won't Build Itself

By JOHN BAACKES

'NLESS you've been living on a deserted island, you already know that - with the exception of Medicare and Medicaid – the Affordable Care Act (ACA) has brought more sweeping change to healthcare than any other health law or initiative. One of the most significant effects, from a business standpoint, has been the explosive job growth it has prompted. In 2015, the Bureau of Labor Statistics reported healthcare jobs accounted for 18% of the 2.6 million new jobs created in the United States. And not surprisingly, there's one particular segment of the healthcare workforce that has rapidly emerged from its historically low profile. Many healthcare organizations, particularly managed care health plans, have seen a skyrocketing demand for registered nurse (RN) case managers. But there's one problem. The industry is experiencing a shortage of qualified nursing professionals. And it's going to get worse, unless we take action now.

As organizations continue to ramp up their RN case manager recruitment efforts, it's worth noting that this isn't a jobs trend. Case managers are, more than ever, a critical part of healthcare teams - and this won't be changing any time soon.

As a result of the ACA, managed care is transforming to a more patient-centric, coordinated care model. And there's the inevitable move toward value- or outcome-based payments by Centers for Medicaid and Medicare Services (CMS) and other payers, which calls for an evidence-based and integrated approach to care delivery. And this is one of the reasons why RN case managers are in such high demand. They are essential to executing the new care delivery model set forth by the ACA. Their specialized and holistic training enables them to effectively partner with patients and their families, empower patients to engage in self-care practices, provide comprehensive assessments, implement evidence-based interventions and advocate for the right care at the right time. This level of involvement can lead to significant reductions in complications such as medication errors, preventable hospital readmissions and emergency department visits.

Until now, there's been minimal efforts to boost the development and even the marketing of this now highly sought-after profession. But the bottom line is we have a real and urgent need to build and develop a long-term nurse case manager pipeline.

Like most other healthcare organiza-

tions, L.A. Care is facing challenges in recruiting qualified RN case managers. One of the major obstacles, however, may be out of our control. With nearly half (44%) of RN case managers in today's workforce over age 55, according to the Commission for Case Manager Certification, many are set to retire in the next decade.

Rather than focusing merely on traditional – and aggressive – recruitment efforts, we've taken a step in a new and exciting direction. This January we launched the L.A. Care Nurse Academy in partnership with Mount St. Mary's University (MSMU) in Los Angeles, a new initiative to establish an ongoing nursing pipeline. Through this collaborative program, we are able to participate in the development of the managed care track in MSMU's nursing curriculum. For the Bachelor of Science in Nursing (BSN) student, participation in this program includes classroom training, onsite development and hands-on experience in a managed care setting. To ensure a personalized and enriching experience, every student in the cohort is partnered with a seasoned L.A. Care nurse preceptor.

One of our primary goals, of course, is to place BSN students into new hire roles upon graduation from MSMU. It's our hope that students who participate in the

well-rounded curriculum will be inspired by the critical yet rewarding work that RN case managers take on. We're optimistic that they'll get the real-world, hands-on experience that motivates them to join this increasingly important profession.

Through the L.A. Care Nurse Academy, we're also investing in our current nursing staff as part of our retention efforts. In addition to offering incentive programs for our nurses to participate as preceptors, the partnership with MSMU will also provide continuing education opportunities for our case managers. While we're keenly focused on preparing future nurses for careers in case management, it's equally important that we create an environment where our current case managers can thrive and elevate their careers through ongoing learning and professional development.

As organizations evolve to meet the ever-growing and changing demands of the new healthcare environment, it's critical to try new and bold approaches to today's challenges. Doing things the old way just does not work anymore. But the one constant amid the change is that people remain our most valuable resource. And that won't be changing any time soon.

John Baackes is Chief Executive Officer of L.A. Care Health Plan.

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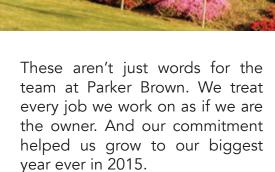
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Continued from page 36

available to California for the WPC pilot. Total funding, including the local match, is not to exceed \$3 billion over the five year program. Lead agencies are responsible for providing the non-federal share of the inter-governmental transfer (IGT). The WPC pilot payments will only support the following activities:

1. Providing payments for services otherwise not reimbursed by Medi-Cal, this includes housing services such as *Individual Transition Housing Services* and

Individual Housing & Sustaining Services. In order for federal financial participation, local housing authorities and programs must be involved. Payments in this category will only be made for patients who are Medi-Cal beneficiaries;

- 2. Building infrastructure for service integration, such as a Health Information Exchange (HIE); and
- 3. Implementation of strategies that support integration, reduce healthcare utilization, and improve health outcomes.

In order to apply, the pilots require a lead agency that must be either a county, city, health or hospital authority, designated public hospital, a district/municipal public hospital, or a consortium of the above entities. Participating entities must include one Medi-Cal managed care plan operating in the same geographic region as the pilot, local health services and specialty mental health agencies and at least two other community partners that have significant experience serving the target

Whole person care aims to make more efficient and effective use of existing resources for vulnerable populations in order to improve health outcomes. Vulnerable populations are often individuals suffering from a combination of housing instability, food insecurity, unemployment, chronic disease and substance abuse/

population. Each lead entity is responsible for identifying all participating partners.

behavioral health disorders. As a result, they have higher utilization rates with poorer health outcomes.

Through integration of county agencies, health plans, providers and other stakeholders, the WPC pilots look to develop an infrastructure that will ensure sustainable collaboration across local entities. Infrastructure development may include the expansion of data management and sharing strategies among local entities that will support effective case management and patient monitoring across systems, and will provide for ongoing performance improvement. Pilots are also encouraged to explore strategies that enhance housing and support services for patients suffering from homelessness or are at risk of becoming homeless.

Pilot applicants had their first opportunity to show interest by submitting a Letter of Intent (LOI) on April 8th. Submitting an LOI is not required and does not prevent an entity from still applying. Final applications are due to DHCS on July 1 or 45 days after application release (whichever is later). Currently, the final application is expected to be released on May 16.

Interested providers and organizations serving high-risk Medi-Cal beneficiaries are encouraged to reach out to their local department of health services or public health regarding participation in a WPC pilot serving their geographic region. The WPC pilot program and its associated funding provides an excellent opportunity for health systems and community organizations to align and develop a sustainable infrastructure to continue to serve high-risk populations in an integrated, coordinated fashion.

Henna A. Zaidi is Senior Consultant and Dawn Johnson is Vice President with COPE Health Solutions, a Los Angeles-based healthcare consulting firm that advises hospitals and healthcare systems on strategy, population health management, Medicaid waivers and workforce development solutions. COPE Health Solutions provides clients with the tools, services and advice they need to be leaders in the healthcare industry. For additional information, contact consulting@copehealthsolutions.org.



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