This special advertising supplement did not involve the reporting or editing staff of the Los Angeles Business Journal.
Los 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,

Matthew A. Toledo
Publisher & CEO
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SAFETY NET PROVIDER OF THE YEAR

ALTAMED HEALTH SERVICES CORPORATION

AltaMed 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

UCLA’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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HEALTHCARE MANAGER OF THE YEAR

PAMELA PENSON

MBA, PHD
Owner, Founder & Chief Executive Officer
ADIA

A 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, confusion, 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 accountability.

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 responsibility 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 Penson has firmly established her place as an educator, mentor, transformer and leader of a new generation of elder care.
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HOSPITAL EXECUTIVE OF THE YEAR

HARLAN LEVINE, M.D.
Chief Executive Officer & Associate Director for Community Initiatives
City of Hope Medical Foundation

Dr. 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

Linda Bradley, CEO of Centinela Hospital Medical Center, oversees the operation of the 169 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.
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.
We're busy revitalizing, recruiting, upgrading. What hasn't changed is the caring.

In December, St. Vincent Medical Center became part of Verity Health System. Our goal? To serve our community in the way only a state-of-the-art hospital can. We're investing in new equipment, facilities and top-notch physicians and nurses. But you'll experience the same care and kindness you've come to expect from St. Vincent. To improve the health of our patients, we're also improving the health of our hospital.

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- 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.

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HOSPITAL OF THE YEAR

CHILDREN’S HOSPITAL LOS ANGELES

Children’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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Health Care Reform Expert &
2015 Trusted Advisor Insurance Professional
San Fernando Valley Business Journal

“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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There were so many excellent contenders for the Health Leadership Awards this year, we could not help but include the many slips 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
24/7 HomeCare
David Allerby co-founded 24/7 HomeCare in 2008 with partners, Ryan Iwamoto and Tyler Bremmeman-Slay. 24/7 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, 24/7 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, 24/7 HomeCare has strengthened its senior management team by promoting and growing its executive team from Fortune 500 companies. Together, the team has continued to raise the standard of homecare offered in the homecare industry – the reason behind 24/7 HomeCare’s rapid growth is the quality of professional caregiving it provides and the staff that makes this a possibility.

DR. STEPHANIE ALMADEN
The Almaden Group Inc., Consulting & Translational Leadership
Dr. Almaden has been the President & CEO of The Almaden Group, Inc. since 2005. She and her company provide consulting services inclusive of transition and medical student volunteers, dedicated administrative and technical staff, and free or donation 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 the practices that in many ways are equivalent, if not more beneficial, than the traditional modalities. In an effort to expand this process over the last four 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 “frothon” 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 HDV 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 HDV 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 than software – but rather, a chance to make the entire system better.

PRECIOUS MAYES
Pacific Hospital and the Valley and Wave Innovations, LLC
Precious Mayes has been in the health-care 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, cens development, operations and clinical management and development. She started with the 231-bed Pacifica Hospital as an independent with fresh visionary ideas. She took this fledgling hospital out of crisis and completed it with rapid success. Mayes was then given the CEO role in the 500-bed facility in which she excelled in creating a referral network that grew from a 20-mile radius to a more than 50-mile radius. It also created Wave Innovations in January 2014. In this short time, she aligned over 10 contracts to provide services that integrate with existing healthcare systems to ensure a stable healthcare continuum across every stage of a senior’s life. Wave is an independent consulting company with fresh visionary ideas.

BRADLEY SCHMIDT
Ingelow Imaging Center, LLC
Bradley Schmidt is the founder of the Ingelow Imaging Center, LLC, which he developed out of a passion for providing 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, Ingelow Imaging Center has evolved into the region’s top performing outpatient radiology centers by embracing change, partnering and delivering top-notch technology to an economically challenged region. LAC invested in state-of-the-art imaging center to ensure that patients receive the most accurate

Continued on page 32
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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 MEDICAL 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 preventative 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 preventative 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 health-related information, 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 (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 28-year track record of partnering with community departments of child welfare and mental health to provide multidisciplinary services and support that foster/adoptive families require to provide loving, permanent and stable 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.

YOU T H 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 Garden 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 predominant-ly Latino and African-American with more than 55 percent of the students being overweight or obese. As of last year, 23 Garden 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 ABC program, medical students, undergraduates, behavioral health, nutritionists, a chef, community activists and families.
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A HEALTHIER COMMUNITY
WITH AWARD WINNING CARE

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Education is an Integral Piece of the Healthcare Puzzle

A first glance, there seems to be a thousand pieces to assemble in the puzzle that is healthcare. Healthcare is continually evolving across the U.S. and the world, and it is critical that we move the industry forward. To do so, we need to attract and retain a pipeline of talented professionals prepared 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 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. Healthcare is a complex industry with 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 care and measured outcomes, manage care in compliance with new regulations and technologies, combat data security risks, and, move the industry forward.

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 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 $5,386 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. Medicaid 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

On 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.

MODERATOR PANELISTS

DeVon Wiens
Partner
Moss Adams LLP

Roland Fargo
President of Medical Services Network
Adventist Health

Harian Levine
Chief Executive Officer
Cope Health Solutions

John Baackes
Chief Executive Officer
LA Care

Tobias Kennedy
Executive Vice President
Montage Insurance Solutions

Dr. Ellen Daroszewski
Senior University Health Care Chair
University of Phoenix
Children’s Hospital Los Angeles is honored to be named the 2016 Healthcare Leadership Awards Hospital of the Year.

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

By TOBY KENNEDY

I 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 or lawyer 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 legislator 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. Obviouusly “recruitment and retention” can depend somewhat on your industry, but

...
Vital Signs Good for Healthcare M&A

Healthcare is in the midst of rapid consolidation with both strategic buyers and financial investors bidding aggressively on companies that offer innovative approaches to cost containment, data analytics, self-pay management or value-based care management. Intrepid’s Healthcare Group provides strategic advice to middle-market companies across a broad range of sectors, delivering winning results for its clients.

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  - Has been acquired by Learn It

- **Advisor to A-MED Health Care**
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- **Advisor to Newport Medical**
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- **Advisor to Modern HC Pharmacy, Inc.**
  - The Specialty Pharmacy Division of Modern Health Care

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A Nurse Case Manager Pipeline Won’t Build Itself

By JOHN BAACKES

Unless 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 into a more patient-centric, coordinated care model. And there’s the inevitable move toward value- or outcome-based payments by Centers for Medicare and Medicaid 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 organizations, 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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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, 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 population. Each lead entity is responsible for identifying all participating partners.

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.

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