Partnerships Transform Health Care

BUSINESS leaders are finding that successful, affordable, high quality health care now depends, more than ever, on innovative partnerships with health systems that take responsibility for the health of their employee populations. With a history of more than 100 years partnering with individuals, MemorialCare Health System is now forging partnerships with leading southern California employers.

Because of our long history of managing the health of populations, we can partner with employers to provide high-quality care to their employees and help guarantee their health care spending trend," said Barry Arbuckle, PhD, president & CEO, MemorialCare Health System. MemorialCare’s commitment to become more lean and efficient in order to lower costs while continuously improving quality and service allows the health system to provide greater value in today’s marketplace.

Access to a continuum of integrated, convenient care.

There’s been a dramatic migration of care from the inpatient to the outpatient setting over the past decade. New less invasive technologies allow many tests and procedures to take place outside the acute care setting. There’s a greater emphasis on prevention as alternative payment models, like accountable care organizations (ACOs), increasingly incentivize providers to offer care that keeps people out of the hospital. And consumers are seeking more convenient access to locations that are closer to work or home, and provide great care at a competitive price.

To stay ahead of the trend in outpatient care, MemorialCare has grown from a system of six hospitals to become a fully integrated health system, providing convenient, accessible care in more than 200 locations from the South Bay to San Clemente.

MemorialCare has dramatically grown its physician practices across the Southland. In addition to long-standing partnerships with leading physician groups, the health system now includes MemorialCare Medical Group and Greater Newport Physicians, with a combined 2,600 physicians and specialists. Last November, the first two UC Irvine Health primary care locations opened in Tustin and Orange, managed by MemorialCare Medical Foundation.

To meet the demand for convenient imaging and surgical services, MemorialCare has a growing network of competitively priced and conveniently located imaging and surgical centers.

Access to innovative networks.

MemorialCare, Anthem Blue Cross and six other health systems made the news last September when they announced Vivity, an innovative network offering in Los Angeles and Orange Counties.

“It’s a first-in-the-nation partnership between an insurer and seven competing hospital systems: MemorialCare, Cedars-Sinai, Good Samaritan Hospital, Huntington Memorial Hospital, PIH Health, Torrance Memorial Medical Center and UCLA Health,” said Arbuckle.

In addition, MemorialCare Medical Foundation joined the Anthem Blue Cross Enhanced Personal Health Care Program which emphasizes prevention and improves care and the coordination of chronic conditions. MemorialCare recently announced a collaboration with Aetna in a new PPO, Aetna Whole Health – MemorialCare. This innovative PPO option, available in December 2015, can help employers save 8 – 15 percent of their health care costs in the first year and experience continued trend improvements in subsequent years.

The rapid growth in primary care and more affordable ambulatory locations and the forging of innovative partnerships with health plans, allow MemorialCare to offer employers opportunities for savings without sacrificing quality.

Keeping employees healthy.

When it comes to transforming the health of an employee population, MemorialCare got a head start seven years ago with the launch of The Good Life employee wellness program. The comprehensive program includes an initiative for chronic disease management. In Balance, which is a partnership between MemorialCare and employees with diabetes, hypertension and hyperlipidemia. In Balance participants show significant clinical results that support improved health outcomes. Linking benefits to behavior is another important element in improving population health. MemorialCare employees who complete a health risk assessment and biometric screening, and earn wellness points through health-related activities can qualify for The Good Life Medical Plans which offer significant savings.

MemorialCare partners with a population of more than 18,000 employees and dependents, and shares its learning with other employers so they can improve employee wellness and engagement, and achieve savings with their own employees.

The health system develops customized solutions for employers to provide high quality and affordable care to their employees. For more information on how MemorialCare partners with employers, call (714) 377-2960.

MemorialCare Health System is a nonprofit, integrative delivery system that includes: Long Beach Memorial, Miller Children’s & Women’s Hospital Long Beach, Community Hospital Long Beach, Orange Coast Memorial, Saddleback Memorial in Laguna Hills, Saddleback Memorial in San Clemente, MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Imaging Centers, MemorialCare Surgical Centers and numerous other outpatient locations. Learn more at memorialcare.org.

This special advertising supplement did not involve the reporting or editing staff of the Los Angeles Business Journal.
Physical Activity Programs Help Maintain Mobility in Seniors

A carefully structured, moderate physical activity program can reduce risk of losing the ability to walk without assistance, perhaps the single most important factor in whether vulnerable older people can maintain their independence, a new study has found.

Older people who lose their mobility have higher rates of disease, disability, and death. A substantial body of research has shown the benefits of regular physical activity for a variety of populations and health conditions. But none has identified a specific intervention to prevent mobility disability.

In this large clinical study, researchers found that a regular, balanced, and moderate physical activity program followed for an average of 2.6 years reduced the risk of major mobility disability by 18 percent in an elderly, vulnerable population. Participants receiving the intervention were better able to maintain their ability to walk without assistance for 400 meters, or about a quarter of a mile, the primary measure of the study. Results of the large clinical trial, conducted by researchers at the University of Florida, Gainesville and Jacksonville, and colleagues at seven other clinics across the country, were published online on May 27 in the Journal of the American Medical Association. The researchers were supported by the National Institute on Aging (NIA) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

“We are gratified by these findings,” said Richard J. Hodes, M.D., director of the NIA, which was the primary sponsor of the trial. “They show that participating in a specific, balanced program of aerobic, resistance, and flexibility training activities can have substantial positive benefits for reducing risk of mobility disability. These are actionable results that can be applied today to make a difference for many frail older people and their families.”

The Lifestyle Interventions and Independence for Elders (LIFE) trial included 1,635 sedentary men and women aged 70-89 at risk of disability, who were randomly assigned to a program of structured, moderate-intensity physical activity or to a health education program focused on topics related to successful aging. The diverse participants were recruited from urban, suburban, and rural communities.

Led by Marco Pahor, M.D., of the University of Florida, the study was also conducted at field sites at Northwestern University in Chicago; Pennington Biomedical Research Center in Baton Rouge, Louisiana; Stanford University in Palo Alto, California; Tufts University in Boston; the University of Pittsburgh; Wake Forest University in Winston-Salem, North Carolina; and Yale University in New Haven, Connecticut.

Data management and analysis were coordinated by Wake Forest University. Participation in the study averaged 2.6 years. The physical activity group of 818 people gradually worked up to the goal of 150 minutes of weekly activity, including 30 minutes of brisk walking, 10 minutes of lower extremity strength training, 10 minutes of balance training, and large muscle flexibility exercises. Their programs took place at a clinic twice a week and at home three or four times a week. The 817 people in the comparison group participated in weekly health education workshops for the first 26 weeks, followed by monthly sessions thereafter. They also performed five to 10 minutes of upper body stretching and flexibility exercises in each session. Participants in both groups were assessed every six months at clinic visits.

Adherence to the program was measured by attendance at sessions and by questionnaires in which participants recorded the number of hours per week that they were physically active. In addition, participants’ activity was recorded for one week during each year of the trial through an accelerometer, a small belt device that measures physical activity.

“At the beginning of this trial, all the participants were at high risk for mobility disability,” said Evan Hadley, M.D., director of the NIA Division of Geriatrics and Clinical Gerontology. “At the start, they were able to walk about a quarter of a mile without a cane, walker, or help of another person. But they did have sedentary lifestyles and low scores on some standard physical tests that measure risk for disability. The study shows it is never too late for exercise to have a positive effect for a significant portion of frail older people.”

Principal investigator Pahor noted that participants attended more sessions and stayed in the study longer than anticipated. He also noted that people in the intervention group were very enthusiastic about the exercise program. “When we finished the exercise program at our site, the people were so disappointed that the classes were over,” he said. “We know that many of them are continuing to exercise and we are so pleased that they have kept up with this.”

In 2011, NIA launched Go4Life, a national exercise and physical activity campaign, based on previously demonstrated benefits of exercise for healthy community-dwelling adults age 50 and older. The LIFE study adds to that evidence with findings that older people vulnerable to disability can also be included among those who could reap rewards from regular physical activity.
Better, for you

Providence ranked in the top 5 percent in the nation, two years in a row

For the second year in a row, Providence Health & Services Southern California has been recognized for clinical excellence at all of its eligible hospitals* with the Healthgrades® Distinguished Hospital Award for Clinical Excellence®.

Get the care you deserve from Los Angeles County’s second-largest health system.

*Providence Little Company of Mary Medical Center San Pedro was not eligible for consideration for this award.
A s the various sectors within the health care industry continue to evolve and adjust as a result of health care reform, many questions remain regarding the state of the industry and how our businesses and local population are affected. To help answer some of those questions, the Los Angeles Business Journal turned to Karl Carrier, Interim Senior Vice President and Chief Executive, California Region for Providence Health & Services, Southern California.

Below is a series of questions the Business Journal posed and the unique responses Carrier provided.

◆ What have been the immediate gains and losses for consumers since parts of “Obamacare” went into effect?

CARRIER: Since the Affordable Care Act took effect, millions more Americans have health care coverage, and emphasis is growing on population health, preventive care and quality. As for losses, deductibles have increased and consumers are finding the new narrow networks exclude some hospitals and physicians.

◆ What is the current financial outlook for hospitals and health care providers?

CARRIER: Providence has sought a variety of systems, medical groups and other care providers to ensure the best value?

CARRIER: Some employers fail to see the importance of investing in their employees. Sick days and on-the-job injuries hurt the bottom line. Providing comprehensive health care insurance provides preventive care that helps limit time off from work. Some hospitals are research centers and have access to the latest clinical trials, medications and equipment. That, too, can come at a cost. Do your research and ask questions – find out how your providers perform and what evidence-based treatments are offered.

◆ What can we, as business owners, do to mitigate the rising costs of healthcare?

CARRIER: Employers can ensure their employees understand their health care plans and take advantage of any education or preventive services provided. Employers also can encourage their employees to stay current on health screenings, vaccinations and any other testing recommended by their care teams. And employers can provide education for employees on stress management, ergonomics, smoking cessation and more to help prevent illness or chronic health issues. Employers can offer incentives to employees to push them to manage their health.

Learn more about Providence Health & Services, Southern California by visiting california.providence.org

Some employers fail to see the importance of investing in their employees. Sick days and on-the-job injuries hurt the bottom line. Providing comprehensive health care insurance provides preventive care that helps limit time off from work. The use of top technology saves lives, but it can be costly. Some hospitals are research centers and have access to the latest clinical trials, medications and equipment. That, too, can come at a cost.

◆ What can be done to ensure quality, transparency in pricing and a reduction in the cost of health care to help consumers?

CARRIER: More and more, the government is making public data from hospitals that indicate performance, pricing and other factors. Providence supports this transparency and encourages consumers to do their own research through the many reputable online tools and to ask important questions of their providers. The best ways to avoid what can be the high cost of health care is to schedule regular check-ups and follow your physician’s advice on preventive care, including age-appropriate tests and screenings, vaccinations and healthy diet and fitness programs. Finally, it’s crucial that consumers take time to review their health insurance benefits so they understand their coverage, and can plan accordingly.

Why does health care pricing vary so widely? How can consumers ensure the best value?

CARRIER: A number of factors influence health care costs. No. 1, consumers should take the time to compare health insurance plans during open enrollment sessions. They can also research plans best meet their needs, taking into consideration their age, their family’s needs and health histories. They also should be proactive and ask about costs. The use of top technology saves lives, but it can be costly.

CARRIER: Since the Affordable Care Act took effect, millions more Americans have health care coverage, and emphasis is growing on population health, preventive care and quality.
New Research Findings Shed Light on Increasing Incidence of Lung Cancer Among Women

A new analysis led by researchers at the American Cancer Society in collaboration with the International Agency for Research on Cancer (IARC) finds lung cancer has surpassed breast cancer as the leading cause of cancer death in females in developed countries. The authors of the report say the change reflects the tobacco epidemic in women, which occurred later than in men. Lung cancer has been the leading cause of cancer death in males in developing countries for several decades. It is also the leading cause of cancer death for males in developed countries.

Cancer now constitutes an enormous burden on society in more and less developed countries alike, and its occurrence is increasing because of the growth and aging of the population, as well as an increasing prevalence of risk factors associated with economic growth and urbanization, such as smoking, being overweight, physical inactivity, and changing reproductive patterns.

An estimated 14.1 million new cancer cases and 8.2 million cancer deaths occurred in 2012 worldwide. In less developed countries, lung and breast cancer are the most frequently diagnosed cancers and the leading causes of cancer death in men and women, respectively. In more developed countries, lung and breast cancer are the most frequently diagnosed cancers among men and women, respectively, and lung cancer is the leading cause of cancer death in both men and women. Colorectal cancer has become a frequent cause of cancer death not only in developed countries, but also in developing countries. The researchers point out that breast, lung, and colorectal cancers are increasing in many countries in economic transition with an already disproportionately high burden of cancers related to infection, including cancers of the liver, stomach, and cervix.

"A substantial proportion of the worldwide burden of cancer can be prevented through the application of existing cancer control knowledge, including tobacco control, vaccination (for liver and cervical cancers), early detection, and the promotion of physical activity and healthy dietary patterns," the researchers wrote. They added that suffering can be further alleviated by applying appropriate treatments and palliative care. In addition, more research is needed to identify the causes of several major cancers, including prostate and blood cancers.

The authors reported that a number of cancers that were once rare in developing countries are becoming increasingly common as those countries adopt a more Western lifestyle. "A coordinated and intensified response from all sectors of society, including governments, civil society, the private sector, and individuals, is required to seize control of the growing burden of cancer," they concluded.

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Transforming Health Care to Go Beyond Medicine

As one of Southern California's largest and best health systems, we are changing the face of health care.

With a vast and growing network of hospitals, physicians and outpatient centers, MemorialCare takes a personalized, integrated approach that puts patients on the path to wellness.

MemorialCare Health System. We keep our communities healthy and care for them when they're not. For more information, visit MemorialCare.org or call 800-MEMORIAL.
Eating three or more servings of blueberries and strawberries per week may help women reduce their risk of a heart attack by as much as one-third, researchers reported in Circulation: Journal of the American Heart Association.

Blueberries and strawberries contain high levels of naturally occurring compounds called dietary flavonoids, also found in grapes and wine, blackberries, eggplant, and other fruits and vegetables. A specific sub-class of flavonoids, called anthocyanins, may help dilate arteries, counter the buildup of plaque and provide other cardiovascular benefits, according to the study.

“Blueberries and strawberries can easily be incorporated into what women eat every week,” said Eric Rimm D.Sc., senior author and Associate Professor of Nutrition and Epidemiology at the Harvard School of Public Health in Boston. “This simple dietary change could have a significant impact on prevention efforts.”

Blueberries and strawberries were part of this analysis simply because they are the most-eaten berries in the United States. Thus, it’s possible that other foods could produce the same results, researchers said.

Scientists from the Harvard School of Public Health in the United States and the University of East Anglia, United Kingdom conducted a prospective study among 93,600 women ages 25 to 42 who were registered with the Nurses’ Health Study II. The women completed questionnaires about their diet every four years for 18 years.

During the study, 405 heart attacks occurred. Women who ate the most blueberries and strawberries had a 32-percent reduction in their risk of heart attack compared to women who ate the berries once a month or less—even in women who otherwise ate a diet rich in other fruits and vegetables.

“We have shown that even at an early age, eating more of these fruits may reduce risk of a heart attack later in life,” said Aedín Cassidy, Ph.D., lead author and head of the Department of Nutrition at Norwich Medical School of the University of East Anglia in Norwich, United Kingdom.

The findings were independent of other risk factors, such as age, high blood pressure, family history of heart attack, body mass, exercise, smoking, caffeine or alcohol intake.

The American Heart Association supports eating berries as part of an overall balanced diet that also includes other fruits, vegetables and whole-grain products. Eating a variety of foods is the best way to get the right amounts of nutrients.

Information for this article was provided by the American Heart Association.
Children improved their understanding of stroke symptoms and what to do if they witness a stroke after playing a 15-minute stroke education video game, according to new research reported in the American Heart Association journal Stroke.

Researchers tested 210 9- and 10-year-old, low-income children from the Bronx, New York, on whether they could identify stroke and knew to call 911 if they saw someone having a stroke. Researchers tested the children again after they played a stroke education video game, called Stroke Hero. Finally, they gave the children remote access to the video game and encouraged them to play at home, re-testing 198 of the children seven weeks later.

Researchers found:
• Children were 33 percent more likely to recognize stroke from a hypothetical scenario and call 911 after they played the video game. They retained the knowledge when they were re-tested seven weeks later.
• Children who continued to play the game remotely were 18 percent more likely to recognize the stroke symptom of sudden imbalance than were the children who played the video game only once.
• Ninety percent of the children studied reported they liked playing Stroke Hero. While 67 percent said they would play it at home, only about 26 percent did. Researchers didn’t examine why.

“We need to educate the public, including children, about stroke, because often it’s the witness that makes that 911 call; not the stroke victim. Sometimes, these witnesses are young children,” said Olajide Williams, M.D., M.S., lead author and associate professor of neurology at Columbia University in New York City. The Stroke Hero video game involves navigating a clot-busting spaceship within an artery, and shooting down blood clots with a clot-busting drug. When the supply of clot-busting drugs runs out, gamers must answer stroke awareness questions in order to refuel. The game is synced to a hip hop song.

The study suggests that the novel approach of using video games to teach children about stroke could have far-reaching implications. However, the study was small and there was no comparison group, so the results should be viewed with caution, Williams said.

“Video games are fun, widely available and accessible for most children,” Williams said. “Empowering every potential witness with the knowledge and skills required to make that life-saving decision if they witness a stroke is critical.”

Stroke Hero is available for free to those who register at www.hiphoppublichealth.org.

Information for this article was provided by the American Heart Association.
Scoliosis is an abnormal curvature of the spine. While small curves do not typically cause medical problems, large curves can lead to complications. If untreated, then scoliosis can rapidly progress and cause breathing problems, as well as cosmetic disfigurement. Traditional treatments include casting, spinal bracing, and spinal fusion. To address the limitations of spinal bracing and fusion for treatment of severe scoliosis in young children, a distractible spinal implant called a growing rod was developed.

Traditional growing rods are surgically implanted across the spinal curvature and the spinal deformity is corrected. Distraction, or lengthening, of the growing rods usually occurs every six months. These distraction sessions require the surgeon to surgically re-open the incision site and lengthen the growing rod. Growing rods can control the progression of spinal curvature and gradually straighten the spine. However there are limitations with traditional growing rods, which include the need for invasive, repeated surgeries for distraction.

A New Option for Improved Quality of Life

A new FDA approved technology by Irvine based Ellipse Technologies called the MAGEC (MAGnetic Expansion Control) system is now being applied by some of the nation’s leading surgeons for use in children with severe spinal abnormalities. MAGEC provides a revolutionary alternative to an otherwise emotionally and physically painful treatment regimen.

The MAGEC System is composed of an implantable rod, an External Remote Controller (ERC). Following a surgical procedure to implant the rod, it can be non-invasively distracted in the physician’s clinic or office using the MAGEC ERC.

First, the rod is secured using standard commercially available fixation components, such as laminar hooks and/or pedicle screws. The MAGEC rods are available in 4.5 mm and 5.5 mm diameters. After the MAGEC rod has been implanted, the ERC is placed externally over the patient’s spine at the location of the magnet in the MAGEC rod. Periodic, non-invasive distraction of the rod is performed to lengthen the spine and to provide adequate bracing during growth. Routine X-Ray or ultrasound is used to confirm the position and amount of distraction. The frequency of distraction sessions is customized to the needs of the patient by the treating surgeon.

In a nutshell, the implanted spinal rod is used to brace the spine during growth to minimize the progression of scoliosis. Magnetic components in both the MAGEC rod and MAGEC ERC allow for distraction of the rod to be performed non-invasively and without the need for repeated surgeries as found in traditional growing rod systems. Because this adjustable technology eliminates the need for repeated lengthening surgeries, it allows significant health, psychological and socioeconomic benefits for the patients and their families.

Learn more about the MAGEC system at Ellipse-Tech.com

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New technology offers a less invasive treatment approach.
CLEARFLOW, Inc., a medical device company based in Anaheim, announced earlier this summer that the FDA has granted expanded Indications for Use of the company’s patented PleuraFlow Active Clearance Technology System. The PleuraFlow System is a medical device that prevents chest drains from occluding with clot, which can lead to retained blood around the heart and lungs.

The composite of drainage related complications that are detrimental to outcomes after cardiothoracic surgery and that may require early or late intervention to remediate are known as Retained Blood Syndrome (RBS). These clinical complications have significant economic consequences, namely higher costs of care for patients, hospitals, and society at large.

“A recently published study showed chest drains completely occlude at a rate of 36%,” commented ClearFlow CEO Paul Molloy. “Physicians are forced to gamble that the chest drains will stay open during the critical first hours after heart surgery. Retained Blood Syndrome leads to high rates of post-surgical complications that drive increased costs and 30-day hospital readmissions. The PleuraFlow Active Clearance Technology System is the first FDA cleared device indicated to maintain chest drain patency and to reduce retained blood. Retained Blood Syndrome is associated with higher rates of mortality, postoperative atrial fibrillation (POAF), renal dialysis, stroke, infection and extended ICU and total hospital length of stay after cardiothoracic surgery. The PleuraFlow System has been shown to reduce the incidence of retained blood as well as other complications such as POAF by keeping chest tubes free of occlusion during early recovery.”

The FDA’s expanded Indications for Use also allow the PleuraFlow System to be used in all cardiothoracic surgery and chest trauma procedures for adult and pediatric patients.

“For decades, surgeons have worked to reduce the complication rates associated with inadequate drainage of blood around the heart and lungs after surgery,” remarked cardiothoracic surgeon and ClearFlow co-founder Ed Boyle, M.D. “This unevacuated blood can be mechanically detrimental to heart and lung function and causes both local and systemic inflammation that impact recovery. Studies have now linked both chest tube clogging and retained pericardial blood with POAF. We are delighted that the US FDA has evaluated data demonstrating that PleuraFlow reduces retained blood and has granted these expanded Indications for Use. This is an additional step forward towards the establishment of new Standard of Care for post-surgical chest tube patency in the ICU.”

Learn more about Retained Blood Syndrome and technologies being developed to combat it at clearflow.com

It is not a matter of if, but when.
Knowing when to dodge and fade is surely a great skill.
Sensing when to strike is the real art. We maneuver however best to champion your cause and clinch victory. 17 offices nationwide. Over-175 attorneys. Always ready to win.