

# HEALTH CARE

## A ROUNDTABLE DISCUSSION



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## HEALTH CARE ROUNDTABLE

The health care industry continues to navigate through changes and the need for trouble-shooting, while providing services that are the most essential to those in need. This past couple of years in particular, with the COVID-19 crisis and all its accompanying challenges, it has been the health care sector managing and providing treatment for COVID as well as all other health concerns while providing answers and best practices for the people and businesses of Los Angeles and beyond.

As we move into what has become a legitimately “new normal,” business leaders have many questions. What new protocols are in place and here to stay? What steps are hospitals taking to protect our safety? Will outpatient care continue to trend upward? How has the insurance coverage landscape altered? To better explore these and many other pressing health-related issues, the Los Angeles Business Journal discussed insights, suggestions and best practices from six health care experts and thought leaders from the region.

**CIGNA**

Cigna is a global health services company dedicated to improving the health, well-being, and peace of mind of those we serve. With more than 180 million customer and patient relationships in more than 30 countries and jurisdictions, Cigna is able to harness actionable insights that address whole-person health and drive better health outcomes. Cigna’s global workforce of more than 70,000 employees is dedicated to living its mission and being champions for its customers and communities. Cigna calls this the “Power of We.” By working together in close partnership with colleagues, customers, providers, clients, and communities, the team at Cigna is able to create personalized solutions and advance whole-person health. For more information, visit [Cigna.com](https://www.cigna.com).

**EMANATE HEALTH**

Emanate Health exists to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. Emanate Health is the largest nonprofit health care provider serving the one million residents of the San Gabriel Valley. The system provides specialized care in behavioral health, cancer, cardiovascular, emergency, neuroscience and stroke, orthopedics, sports medicine, and women’s health. Its family of hospitals and hospice include Emanate Health Inter-Community in Covina, Emanate Health Queen of the Valley in West Covina, Emanate Health Foothill Presbyterian in Glendora, Emanate Health Hospice & Home Care in West Covina, as well as other clinics throughout the region. The health care system has been voted “Best Hospital” and “Best Place to Work” and providers are consistently among the “Top Doctors” in Los Angeles County and hospital services are recognized for quality care. For more information, visit [EmanateHealth.org](https://www.emanatehealth.org).

**ONELEGACY**

OneLegacy is the nonprofit organization dedicated to saving lives through organ, eye and tissue donation in seven counties in Southern California: Los Angeles, Orange, Riverside, San Bernardino, Ventura, Santa Barbara and Kern. It serves more than 200 hospitals, 10 transplant centers, a diverse population of 20 million donors and families across the region and waiting recipients across the country. In 2021 OneLegacy enabled the transplant of 1,688 organs from 591 donors (the seventh consecutive year of record-setting donation and transplantation) and more than 155,000 lives were healed through tissue donation and transplantation. OneLegacy partners with many community organizations and works directly with a number of multicultural advocacy groups throughout the greater Los Angeles community to help register people of color to be organ and tissue donors. Learn more at [OneLegacy.org](https://www.onelibrary.org).

**PACIFICA HOSPITAL OF THE VALLEY**

Pacifica Hospital of the Valley, a 231-bed acute care facility, has been a major provider of leading-edge healthcare to the communities in San Fernando Valley and greater LA Counties for over three decades. The hospital offers a full range of inpatient and outpatient services, including 24-hour Emergency Care, Surgery, Behavioral Health Services and a distinct part Subacute level of care. Comprehensive ancillary support includes laboratory, ultrasound, MRI and Nuclear Medicine. For more information, visit [PacificaHospital.com](https://www.pacificahospital.com).

**PIH HEALTH**

PIH Health is a nonprofit, regional health-care network that serves approximately 3.7 million residents in the Los Angeles County, Orange County and San Gabriel Valley region. The fully integrated network is comprised of PIH Health Downey Hospital, PIH Health Good Samaritan Hospital, PIH Health Whittier Hospital, 35 outpatient medical office buildings, seven urgent care centers, a multispecialty medical (physician) group, home healthcare services and hospice care, as well as heart, cancer, digestive health, orthopedics, women’s health, urgent care and emergency services. The organization is nationally recognized for excellence in patient care and patient experience, and the College of Healthcare Information Management Executives (CHIME) has identified PIH Health as one of the nation’s top hospital systems for best practices, cutting-edge advancements, quality of care and healthcare technology. PIH Health is also certified as a Great Place to Work. For more information, visit [PIHHealth.org](https://www.PIHHealth.org).

**PROVIDENCE SOUTHERN CALIFORNIA**

Providence Southern California is a not-for-profit Catholic health network with 11 acute care hospital campuses, 36 urgent care centers, 186 medical office locations, TrinityCare Hospice and its TrinityKids Care pediatric hospice, Providence High School, eight home and community care agencies and numerous physician groups in its Southern California Region. Together these ministries, including secular affiliates and some representing other faiths, generate \$7.5 billion in net revenue and have approximately 30,000 employees – called caregivers – and nearly 8,523 physicians on staff. Providence Southern California is part of Providence, a health system of 111,000 caregivers serving in 52 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. Providence strives to increase access to health care and bring quality, compassionate care to those it serves, with a focus on those most in need. Learn more at [Providence.org](https://www.Providence.org).



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Emanate Health, the largest health care system in the San Gabriel Valley, is here to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. We are committed to promoting our mission, vision and values to meet the health and wellness needs of the one million people that we serve in the region.

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## HEALTH CARE ROUNDTABLE



### What is your outlook for the future of the healthcare system as we move into the second half of 2022?

**MAYES:** The outlook for the future of the healthcare system has many opportunities for growth and expansion of service lines. One of the clinical areas of need within the patient community includes services to support mental health issues from the acute hospital to outpatient and community-based programs.

**DIAZ:** Emerging from the worst of the pandemic, our focus has been to help our communities make a return to health—encouraging patients and families to resume their routine healthcare and screenings, to stay up to date with recommended vaccines and boosters, and to seek essential care. Building on lessons learned from the COVID-19 pandemic, our healthcare system continues to work on streamlining processes, embracing digital innovation, implementing other technological advancements and updating our infrastructure in order to provide healthcare that is more effective, efficient, and equitable. Additionally, PIH Health has continued to expand its network of physicians and medical offices with the acquisition of local primary and specialty care groups and the opening of a new urgent care center. We look to the future with hope and continued commitment to improving healthcare access and patient outcomes.

**KALKAT:** The outlook for the second half is cautious. We will continue to see lingering effects of COVID-19. With approx-

imately 25% of our community not fully vaccinated, we will continue to have to deploy our resources for providing medical care for new COVID-19 infections. We also expect our census to stay low, as many vulnerable patients who required frequent hospitalizations have passed away from COVID-19 infection.

**MONE:** The challenges of peaks and valleys of COVID+ patient loads will continue to burden the system with staffing demands while simultaneously reducing healthcare staffing as caregivers are infected. While the infection rates are far less often frequently serious than was the case two years ago, the operational impacts remain critical.

### Telehealth is transforming care delivery. Are there specific practices, protocols or innovations developing that can eliminate barriers to care?

**MANEMANN:** Providence has transformed care delivery through the use of digital innovation and technology by offering a safe and easy way for patients to speak with their primary or specialty health care provider via smart phone, tablet or computer. Between 20-30% of our office visits are virtual. When COVID-19 hit, Providence quickly transitioned to telehealth to provide continued care from the safety of patients' homes. Outside of the pandemic, telehealth continues to eliminate barriers to care such as transportation or the inability to take time off of work for a doctor's visit. And, for the same cost as a standard office visit co-pay, many patients enjoy the conven-

nience telehealth provides.

**YAMAGUCHI:** Cigna was an early leader in telehealth, starting with coverage for "virtual house calls" in 2007. Since then, we have developed, refined, and expanded our model. Last year, Cigna's Evernorth division acquired MDLIVE, a national telehealth provider, which enables us to bring telehealth services to more of our customers. For many years, telehealth utilization had been low, but the pandemic changed that. Customers tried telehealth, liked it, and then stuck with it. Sixty percent of our behavioral health customers now use telehealth. Cigna now covers virtual wellness screenings, which are especially popular among customers who don't have a primary care doctor. Virtual health services are also available for healthy lifestyle coaching, primary care, urgent care, dental care, and dermatology.

### How dramatically have the healthcare business and operational landscapes changed in the wake of the COVID-19 pandemic?

**KALKAT:** The biggest challenge is the increase in operational costs. The majority of the increase in costs comes from the dramatic rise in spend on wages. We are mitigating this by aggressively hiring more nurses, surgical technicians and other essential employees. We are also experiencing approximately 15% drop in our inpatient census, which will affect the bottom line.

**DIAZ:** Staffing shortages, frontline burnout and supply chain disruptions have made the most significant impact to operations and finances. As a result, healthcare businesses have been facing higher costs to recruit and retain frontline staff and have also had to navigate tight allocation restrictions and price hikes to maintain ample ongoing supplies. Due to delayed care and cancelled or postponed outpatient procedures, healthcare organizations are seeing a rise in patients presenting with more serious illnesses and a corresponding rise in healthcare costs. These changes in the landscape have prompted healthcare organizations such as PIH Health to adapt and innovate—opening additional lines to care, through the expanded use of telemedicine, maximizing digital healthcare tools to minimize burden on clinical staff, and optimizing non-clinical operations such as supply chain to sustain organizational-wide functions during a very critical time.

**MONE:** Hospitals clinics, and physician offices have seen unprecedented negative impacts on their finances as routine care and treatments have in many cases remained below traditional levels, while the cost of staffing has risen dramatically due to the COVID-related burdens faced by healthcare

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-PRECIOUS MAYES



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## HEALTH CARE ROUNDTABLE

workers and as many have left the field as a result. In our own world of organ, eye, and tissue donation, one third of our staff resign last year – some left the healthcare field all together, some followed spouses or partners to jobs in other regions and some took jobs with higher wages and reduced demands in other areas of healthcare. We are catching up now, but we and most healthcare providers are still short-handed and paying far more to recruit and retain talented employees than we were pre-COVID.

**MAYES:** Hospitals are still in recovery mode from the height of the pandemic. The most significant operational and financial impact is the staffing shortage. During the pandemic, 84% of our staff was out sick. Temporary staffing agencies increased their rates up to 300-400%. Many agencies still have their temporary staffing rates as high as they were during 2020-2021. Because of the pandemic, many healthcare workers resigned from nursing, which is causing a decrease in the staffing pool.

**YAMAGUCHI:** One of the biggest changes we've seen during the pandemic is the exponential increase in virtual care. Our customers really appreciate the convenience of accessing care via video or phone wherever they are- at home, at work, on the go- without spending time driving to an appointment or waiting to be seen in the doctor's office. To meet this need, Cigna significantly expanded our virtual care network by acquiring MD Live, one of the country's largest telehealth networks. Millions of our customers now have access to digital-first primary, behavioral and urgent care as well as dermatology. We expect that moving forward one in three visits will be virtual.

#### How does California's healthcare outlook differ from other parts of the country?

**MONE:** California's healthcare landscape continues to be far more impacted than the rest of the country due to more than 30 years of capitated and provider risk bearing. This has led to smaller margins than have been experienced by many hospitals across the country. Simultaneously, the continued impact of being one of the few corporate practice of medicine (CPM) states has made managing physician practices within hospitals and capitated/risk plans more challenging than the vast majority of states without CPM. These challenges are exacerbated by our relatively large proportion of community and small-to-mid-sized hospitals and fewer large, tertiary and quaternary medical centers as compared to many area of the country.

#### How about the insurance landscape? What changes are you seeing there?

**KALKAT:** I am concerned that with the passage of "Medical Injury Compensation Reform Act (MICRA) modernization legislation," physicians and hospitals will likely face increased claims and premiums. The provision in the new act providing up to three caps in each case is worrisome. This stacking up will most likely result in increased number of claims. The resulting increase in premiums could result in many solo practitioners closing down their practices.

#### How is consumerism impacting the healthcare

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'Now more than ever, patients are seeking convenience in addition to trust in their relationship with their healthcare provider.'

-JAIME A. DIAZ



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#### industry and how are hospitals and health systems responding?

**DIAZ:** Now more than ever, patients are seeking convenience in addition to trust in their relationship with their healthcare provider. The availability of online reviews, the ability to compare and shop around for services, and all the offerings of the latest advancements in healthcare technology have contributed to the impact of consumerism in the healthcare industry. Many procedures that used to require in-hospital stays can now be safely and effectively performed in outpatient surgical centers, meaning shorter recovery time, less pain, and reduced risk for infection. In addition, home monitoring technology enables providers to care for patients virtually once discharged. To meet consumers' needs, health systems have to work to ensure patients they can provide the "best" healthcare that's not only high quality, yet also convenient and affordable.

**MANEMANN:** Consumers want convenient, accessible and low-cost care, and Providence is committed to delivering high-quality, affordable care close to where people work and live. In fact, we are growing our network with the goal of being 15 minutes from 15 million people in the communities we serve. We understand that many people can't take time off from work to focus on their health. This is when a urinary tract infection can progress to a painful kidney infection and an ER visit. Through our Express Care neighborhood clinics, urgent care centers, and virtually through telehealth, we can meet consumer health needs wherever, however and whenever it's convenient for them. And, for continuity of care, we provide referrals to primary care providers and specialists who seamlessly continue the patient's care journey.

**MONE:** Clearly there are many efforts on the part of providers to create consumer-friendly care services, such as pharmacies with clinics and immunization centers, plus the continued growing reliance on urgent care centers. This growth is spurred by rising insurance deductibles that make paying for a

convenience worthwhile. Whether these consumer-focused providers can routinely negotiate contracts with insurance company payers so that patients don't routinely have to pay out of pocket for more complex services may be a limiting force on their expansion.

**KALKAT:** Consumerism will continue to advance in the coming years. Patients demand accountability, transparency, satisfying online experience and improved outcomes. Here, technology will play the most important part. We continue to increase our investment in technology, including hardware and software solutions. We also have increased our support staff to help navigate this journey for our patients.

#### How is digital innovation revolutionizing health care?

**YAMAGUCHI:** Innovation, particularly through technology, is key to improving the healthcare experience and making healthcare simpler and more affordable. Several years ago we established Cigna Ventures as the investment arm of Cigna. It researches and invests in technology companies in three broad areas: insights and analytics, digital health, and care delivery and enablement. Cigna Ventures has invested in companies such as Omada (diabetes prevention) Buoy Health (COVID-19 symptom checker), Ginger (behavioral health and coaching), Cricket Health (kidney care), and many more, all with the goal of harnessing technology to make it easier for people to access care and more effectively manage their health.

**MANEMANN:** Consumerism is changing the way healthcare is delivered. Consumers are becoming increasingly active and engaged in their care. They want to track their health conditions online, see test results on their electronic devices, connect with their doctor online and schedule appointments with a click of a button. The innovative Providence app is a patient's personal connection to great care. The app enables patients to access health information and receive great care wherever they are, including same day care with Providence ExpressCare clinics, Urgent Care and some primary care physicians. In addition, patients can see a qualified provider in minutes with ExpressCare Virtual. Consumerism has forced healthcare to deliver an exceptional care experience when and where patients want to receive it.

**DIAZ:** Growing technological advancements have brought about the development of numerous apps, devices, and other digital health solutions for healthcare. With the implementation of such technologies, healthcare organizations can offer many more services for patients and encourage timely access to care, potentially reducing hospitalization. When the pandemic placed limits on in-person interactions, digital health tools such as telemedicine and remote patient monitoring opened additional communication pathways across service lines between patients and providers. Additionally, digital innovations that support remote work and speed reporting capabilities have contributed to more adaptable care teams, better workflows, and reduced burnout in clinical staff so they can provide more attentive patient care.

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'California's healthcare landscape continues to be far more impacted than the rest of the country due to more than 30 years of capitated and provider risk bearing.'

-TOM MONE



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\*Cigna Resilience Index 2020. CignaResilience.com. \*\*CDC. "Depression Evaluation Measures." <https://www.cdc.gov/workplacehealthpromotion/health-strategies/depression/evaluation-measures/index.html>.

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## HEALTH CARE ROUNDTABLE

**MONE:** The tremendous number of independent care providers and the still-emerging standardization of data exchanges and interfaces have limited the potential of digital innovation in California healthcare. The federal focus on interoperability is improving health care data sharing across providers and platforms, but too often we remain limited by a reluctance to share data across provider entities. In our organ donation work we have seen tremendous value in the rare cases where we have full remote electronic access to referred potential donors. However, access is limited by hospital priorities and too often by hospital limitations on our access, despite the fact that federal law requires hospital provide it. This remains a work in progress.

**Now that we know what we know, what can the health care sector do to better prepare for a potential future crisis?**

**DIAZ:** Healthcare will need to shift towards new models of care that focus on acting earlier to prevent, diagnose and treat diseases and including COVID-19 vaccines in routine immunization packages. Strengthening logistics and supply chains, harnessing transformative innovations to improve patient outcomes; supporting recruitment and training of healthcare workers to prioritizing their physical, mental, and emotional well-being—these are ways that we in the healthcare sector can better prepare ourselves and ensure the resilience of our health systems against future crisis. As we navigated through uncharted territory brought on by the COVID-19 pandemic, the guidance, ingenuity, and dedication of our PIH Health leaders, physicians, clinicians, staff, and volunteers has never been stronger—or more vital. If these last couple of years taught us anything, it has taught us that, together, we can overcome challenges and learn from them as we face the future ahead.

**MAYES:** Now that we have survived through the heart of the pandemic, hospitals now have mitigation plans in place that promote early preparation and immediate implementation of strategies to be prepared for the next COVID-19 surge or other types of disaster/pandemic situation.

**YAMAGUCHI:** One of the things we learned is the importance of being flexible, nimble and quick to pivot. Large companies don't generally move quickly, but practically overnight we shifted from a largely office-based business to a mostly work-at-home one. It became clear in the early days of the pandemic that if we were going to protect the health of our employees and still serve our clients and customers, we needed

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*'Our recent Healthy Workforce survey of executives and employees found they agree that worker wellbeing is essential to business success.'*

-SASHA YAMAGUCHI



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to get equipment to people very rapidly so they could work at home. And we did that. That sense of urgency and rapid response infused virtually every business activity that followed. Knowledge about the coronavirus kept evolving and guidance from the CDC kept changing, and that affected virtually every aspect of our business – from coverage policies to clinical guidance to regulatory compliance. So flexibility and agility quickly became embedded in our culture. We also learned how important it was to be seen as a trusted partner and source of credible information for our clients. We routinely shared information and clinical guidance with our clients throughout the pandemic, through email communications and webinars. Once vaccination made it possible to consider returning to the workplace, we provided expert guidance about doing that safely. So the key takeaways are: communicate early and often in a rapidly changing environment; and be credible, flexible, quick to pivot, because everything can turn on a dime.

**Will outpatient care continue to trend upwards?**

**DIAZ:** Throughout the pandemic, the use of telemedicine greatly increased lines of access for timely healthcare delivery. Because of its convenience and effectiveness, virtual visits will likely remain higher than before COVID-19, supporting the upward trend of outpatient care services. However, due to

a rise in the number of patients presenting with more serious conditions after delaying care during the pandemic, hospitals are now seeing greater demand for inpatient services in order to treat more advanced stages in disease and address significant health complications from prolonged illness. The need for inpatient care may also continue to grow due to an aging population.

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

**KALKAT:** There is a crisis in psychiatric and behavioral care in California, as demand continues to increase. Unfortunately, we will continue to not able to make inroads here until drastic changes are made at many levels in health care. Many health plans provide subpar coverage for psychiatric and behavioral care. The shortage of psychiatric and behavioral healthcare providers, coupled with low reimbursement for this care, leaves many patients unsupported in society. There is a much higher number of patients with psychiatric and behavioral issues in our country when compared to those of equally-developed Western societies, and we must address these underlying causes.







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## HEALTH CARE ROUNDTABLE

**YAMAGUCHI:** After years and years of relatively little consumer uptake, virtual care exploded during the pandemic, particularly for mental health, when anxiety and depression and other behavioral health issues became practically a pandemic of their own. And once people started to use virtual care they realized it's a great option, because it's so convenient, and it provides a certain degree of anonymity, especially for mental health. Due to the stigma that still, unfortunately, surrounds mental health, many people are reluctant to go to a doctor's office. Virtual visits provide a great alternative because the patient doesn't have to worry about who might see them in the waiting room. So we see virtual care as absolutely part of the health care delivery mix, particularly as technological capabilities continue to advance, which is one of the reasons behind our decision to acquire MDLive last year.

### How are organizations successfully implementing value-based delivery to reduce the cost of care while also improving quality?

**MANEMANN:** Providence is focused on keeping our community healthy by providing comprehensive, coordinated and highly effective team-based care in the primary care setting. This patient-centric model meets the important health and wellness needs of our patients. When specialized care is needed, we provide high-quality, evidence-based medicine at every access point in our network. As we transition to value-based care post COVID-19, one of the biggest challenges all health systems face is patients returning to their pre-pandemic cadence of annual physical exams, important health screenings such as mammograms and colonoscopies, and follow-up care. Many patients avoided care during COVID-19, which is why we're seeing avoidable complications in patients with chronic disease and higher acuity patients in our hospitals. Many of these conditions necessitate invasive treatment and lengthy hospital stays, which strain all health systems focused on post-pandemic recovery.

### Are wellness programs worthwhile investments for employers in 2022?

**YAMAGUCHI:** Wellness programs are absolutely a smart investment for companies. Pre-pandemic, most businesses considered health benefits a cost to be managed, and little more. But those attitudes changed over the past few years. Our recent Healthy Workforce survey of executives and employees found they agree that worker wellbeing is essential to business success. More than 90% of executives see investments in employee health and wellness having a direct impact on financial performance, and feel that prioritizing employee health will help their business recover faster. The survey highlighted the importance of mental health- the combination of fatigue, burnout and stress were recognized as the top barriers to business growth. Employers play a key role in addressing this need- it's more than providing health benefits and wellness programs, it's also about building a culture of health from the top down to encourage employees to engage in those programs.

### What are some of the issues you feel may have

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'With approximately 25% of our community not fully vaccinated, we will continue to have to deploy our resources for providing medical care for new COVID-19 infections.'

-GURJEET S. KALKAT



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### been overlooked while we were battling the pandemic over the last two years?

**MAYES:** The federal stimulus funding for the small to medium size hospital providers did not receive the same level of financial support compared to larger hospitals and health systems. The calculations used to determine distribution of available stimulus funds for the small to medium size hospitals did not receive a fair allotment – especially the safety net hospitals. The safety net hospitals are widely needed by the surrounding communities of the underserved population. As president/CEO at Pacifica Hospital of the Valley, I have been active in communications with our local legislators in the City Council, assembly, senate and congress. We have strong support from our local officials to advocate for hospital providers and public healthcare needs and priorities. These relations have played a significant role in the support of our safety net hospital.

**MONE:** We all miscalculated how long the pandemic would continue to impact all of us and I believe we also underestimated the level of frustration and sometimes anger felt among patients and families who have had their own understandable struggles to access care and be with their loved ones.

**YAMAGUCHI:** Exhaustion and pandemic fatigue are certainly big challenges, but an even bigger challenge is the uncertainty we all face from the constant threats posed by new virus variants and a seemingly never-ending pandemic. Employers need to continue to remind people to be kind to themselves and to one another. It's critically important to create a workplace where people feel valued, respected, appreciated, and connected to one another. Cigna's research on resilience shows how important it is to have meaningful connections in the workplace. Above all, employers need to help destigmatize mental health, because it remains a significant barrier to people accessing care. The more we talk about whole-person health

and the mind/body connection, the more we can normalize mental health and destigmatize it.

**DIAZ:** The toll social isolation took on the mental health of both young and old during long periods of lockdown and uncertainty and concerns about health equity and lack of access to care for vulnerable populations, are all issues that were not immediately foreseen at the onset of the pandemic. Deepening our understanding of the needs in the communities we serve is critical to improving patient care. Knowing the issues that impact our communities can better focus our health improvement efforts and guide our strategic partnerships.

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

**MONE:** OneLegacy serves a region that is 70% persons of color and 50% first and second generation immigrant households. Simultaneously 80% of our organ transplant waitlists are persons of color, and 72% of the transplants in this region are to persons of color. As a result, addressing diversity in every aspect of our work is paramount. We start by assembling a staff who mirrors our communities and are equipped with common cultural experiences and language capabilities which is so important when they are meeting with families at one of the most challenging times of their lives. Simultaneously, OneLegacy invests heavily on establishing and building on relationships with community leaders while participating in grassroots community activities across our major ethnic communities in order to earn and maintain the trust that is necessary for a family or individual to choose to give the gift of life to a stranger... who might be someone from their very own neighborhood.

**YAMAGUCHI:** Diversity, equity and inclusion aren't talking points for our company – it's part of what we do. Through our DEI efforts, we aim to advance an inclusive culture that is powerfully diverse, strives for equity, and values the unique differences and talents we each bring in service to our mission. We created our Enterprise DEI Council to oversee Cigna's DEI strategy, track and report on progress and strengthen our efforts internally and externally. The council, chaired by our chairman and CEO David Cordani, includes senior leaders across Cigna and reflects our company's diverse workforce. A key focus for the Council is health equity, including addressing critical social determinants of health such as access to health care, digital literacy, food insecurity for customers and communities we serve, and more. Just a few examples: 1) In 2016 we launched the Cigna Health Improvement Tour, a mobile clinic that travels the country to provide free health screenings and coaching to underserved communities; 2) During the pandemic, we repurposed the Tour to focus on COVID-19 prevention, vaccination and education. We partnered with trusted community faith leaders, food banks and other local organizations to reach communities of color hardest hit by the pandemic; and 3) We partnered with Magic Johnson to launch a new initiative in Los Angeles to support women and minority owned businesses.

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'Many patients avoided care during COVID-19, which is why we're seeing avoidable complications in patients with chronic disease.'

-KEVIN P. MANEMANN



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# LA's Health and Wellness Partner

PIH Health is a nonprofit, regional healthcare network that serves Los Angeles County, Orange County and the San Gabriel Valley. Our fully integrated network includes **3 hospitals, 35 outpatient facilities, 7 urgent care centers**, home healthcare services and more –**all focused on providing you with world-class, award-winning care.**

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## HEALTH CARE ROUNDTABLE

# Innovative Technology Detects Respiratory Impairment

Respiratory impairment detection has long been a diagnostic “blind spot,” with the traditional tools available causing physicians to rely on indirect surrogate tools for assessment. This forces medical teams to go through a drawn-out process of elimination, which can be a painful and frustrating experience for patients and their loved ones. Existing tools are reasonably effective in identifying some essential data points, but there has never been a swift and comprehensive way for physicians to precisely determine the severity of respiratory impairment.

Even before the COVID-19 pandemic hit, the world was facing an onslaught of respiratory diseases. The World Health Organization recently estimated that about one billion people (one out of every eight) worldwide suffer from respiratory illnesses. This rising tide of respiratory conditions is in part due to the pre-existing prevalence of respiratory diseases like COPD and asthma, combined with different factors such as the rising average age of the population, occupational exposure, and air pollution. Now, with the additional burdens brought on by the COVID-19 pandemic, the world is even more aware of the risk factors from respiratory-related illnesses, yet fast and efficient diagnosis technologies have remained elusive.

## AN INNOVATIVE SOLUTION

MediPines founder and CEO Steve Lee set out to fill that gap and design a device to take the guesswork out of respiratory medicine. Teaming with world-renowned respiratory



physician John B. West, MD, Ph.D, a leader in research and education of respiratory physiology, Lee designed the AGM100 technology as an effective solution to support diagnostic and treatment decisions. In 2015, Lee formed MediPines to further develop and commercialize the technology.

Officially launched in 2020, the AGM100 is the world's first FDA-cleared pulmonary gas exchange analyzer, a medical device that can rapidly detect respiratory impairment caused by conditions such as COVID-19, chronic obstructive pulmonary disease (COPD), pneumonia, ARDS, pulmonary edema or

embolism, etc. This gas exchange measurement is done non-invasively from a two-minute patient breathing sample. It is a portable system that can be used at the bedside or in a doctor's office.

With this technology, clinicians are able to observe in real time how efficiently oxygen is being transported from the environment, to their patients' alveoli, and to their blood, without a single needlestick or blood draw; a crucial step forward in respiratory monitoring during the COVID pandemic. Once a patient breathes normally through a specialized breathing circuit, the AGM100 quickly cal-

culates and provides a comprehensive panel of respiratory measurements including blood oxygen levels, oxygen deficit (A-a gradient), P/F ratio, and alveolar oxygen and carbon dioxide levels. So, a full view of the patient's respiratory status is achieved instantly.

High risk patients, especially those infected with COVID as well as long-COVID patients, can potentially go unidentified through stand-alone oxygen saturations measurements, even appearing far from danger despite severe gas exchange impairment.

Importantly, this new technology provides concrete answers to essential respiratory questions, such as: “...what is the patient's blood oxygen level?” “...is ventilation adequate?” “...is gas transport from the lungs to the blood efficient?” “What is the severity of respiratory impairment?” and “...what is the source of that impairment?”

The AGM100 is already playing a crucial role in respiratory assessment and treatment in a quickly growing number of hospitals across the nation. As doctors and caregivers continue to seek ways to understand which COVID-19 patients are at greater risk, or which treatment option is best, the technology provides an easy, non-invasive way to accomplish that goal.

The global medical community agrees. The World Health Organization recently featured the AGM100 as an innovative technology in its 2021 compendium, the WHO Compendium of Innovative Health Technologies.

Learn more at [medipines.com](http://medipines.com).

# The Benefits of Treating Hypertension in Early Pregnancy

Adults treated with medication for high blood pressure present before or during the first 20 weeks of pregnancy, defined as chronic hypertension in pregnancy, had fewer adverse pregnancy outcomes compared to adults who did not receive antihypertensive treatment, according to a study supported by the National Institutes of Health.

The study, which involved more than 2,400 pregnant adults, found that those who received medication to lower their blood pressure below 140/90 mm Hg were less likely to have a preterm birth or experience one of several severe pregnancy complications, such as preeclampsia, a condition marked by sudden high blood pressure and early signs of organ dysfunction. The hypertension treatment did not impair fetal growth.

“The impact of treating chronic hypertension during pregnancy represents a major step forward for supporting people at high risk for adverse pregnancy outcomes,” said Alan T. N. Tita, M.D., Ph.D., a principal investigator of the study and the John C. Hauth Endowed Professor of Obstetrics and Gynecology at the University of Alabama at Birmingham Marnix E. Heersink School of Medicine.

The findings from the Chronic Hypertension and Pregnancy (CHAP) trial, currently the largest trial to study chronic hypertension in pregnancy, published simultaneously in the *New England Journal of Medicine* and were presented last month at the American College of Cardiology's 71st Annual Scientific Session and Expo. The study is funded by the National Heart, Lung, and Blood Institute (NHLBI), part of NIH.



Diane Reid, M.D., a program officer in the Division of Cardiovascular Sciences at NHLBI, said early antihypertensive treatment could be significant for the thousands of U.S. adults who are at risk for preeclampsia or preterm births. Chronic hypertension in pregnancy occurs in more than 2% of people and can more than triple the risk for severe complications.

The CHAP trial enrolled pregnant people with hypertension at 61 U.S. medical centers from 2015-2021. At the start of the trial, hypertension was defined in this study as having systolic blood pressure (top number) above 140 mm Hg and diastolic blood pressure (bottom number) above 90 mm Hg. (Current guidelines define normal blood pressure for non-pregnant adults as less than 120/80 mm Hg.) Participants enrolled in the trial before 23 weeks of preg-

nancy. As part of the study, they were followed through delivery and for six weeks after giving birth.

Participants were randomized into one of two groups. Those in the intervention arm, 1,208 participants, received antihypertensive medication to keep their blood pressure below 140/90 mm Hg. Those in the control arm, 1,200 participants, did not receive medication to lower their blood pressure unless it rose above 160/105 mm Hg, a threshold for severe hypertension.

Researchers found that of the participants who received antihypertensive treatment, 70% experienced no major negative pregnancy outcome, while 30% experienced one of the following outcomes: preeclampsia with severe features, which usually presents after 20 weeks of pregnancy; placental abruption; preterm birth

at less than 35 weeks; or fetal or neonatal death. In comparison, 37% of participants in the control arm experienced a similar negative event. In other words, the researchers said, for every 14-15 people treated for hypertension early in pregnancy, one was spared from experiencing a severe complication measured in the study.

Additionally, the birth weight of the infants did not appear to be affected by antihypertensive treatments. The birth weights of infants remained similar between groups – most had normal weights. Approximately 11.2% of babies born to participants who received medication and 10.4% of babies born to those in the control group had impaired fetal growth, which was defined as birth weight being below the 10th percentile for babies of the same gestational age.

“The study helps reassure that treating hypertension in pregnancy is safe and effective,” said Reid.

She explained the research will also help inform treatment decisions that have varied because of a shortage of evidence about the benefits of these antihypertensive medications, as well as their effects on fetal growth and development. Some medical organizations recommend the treatments; others discourage them, except in cases of severe hypertension. The authors note that this study should inform clinical practice guidelines.

The researchers also note the importance of future studies, such as those looking at long-term health outcomes of participants and their children, to further clarify the use of hypertension treatments during pregnancy.

For more information, visit [nhlbi.nih.gov](http://nhlbi.nih.gov).