

# Health Care

## A ROUNDTABLE DISCUSSION



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The health care industry as a whole has faced an incredible array of challenges over the last few years, and has rallied by making improvements, enhancements and adjustments to protocols, all while providing services that are the most essential to those in need. Responsibility has fallen squarely on the shoulders of the health care sector to lead the way through the industry's "new normals," while providing answers and best practices for the people and businesses of the Los Angeles region and beyond. To better explore the many pressing health-related issues, the Los Angeles Business Journal has discussed insights, suggestions and best practices with four health care experts and thought leaders from the region.

## PROFILES OF EXCELLENCE

A look at the cutting edge organizations participating in this special roundtable section.



### EMANATE HEALTH

**E**manate Health is the largest nonprofit health care provider in the San Gabriel Valley, serving one million people in the region. The system provides award-winning care in Behavioral Health, Cancer, Cardiovascular, Emergency, Neuroscience and Stroke, Orthopedics, Sports Medicine, and Women's Health. Facilities include Emanate Health Inter-Community Hospital, Emanate Health Queen of the Valley Hospital, Emanate Health Foothill Presbyterian Hospital, Emanate Health Home Care, and over 20 ambulatory sites throughout the region.



### PIH HEALTH

**P**IH Health is a nonprofit, regional health care network that serves approximately three 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, 31 outpatient medical office buildings, seven urgent care centers, a multispecialty medical (physician) group, home health care 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 health care technology.



### PROVIDENCE

**P**rovidence in California is an integrated delivery network that includes 17 hospitals in Northern and Southern California, comprising the organization's South Division. Over 35,000 caregivers and approximately 11,000 physicians ensure patients receive the highest level of care in the communities we serve. Supporting its acute care settings in California, Providence features hundreds of affiliated medical group clinics and outpatient centers, in addition to Providence Hospice and Kids Care pediatric hospice, Providence High School, home health care services, 10 wellness centers and a multitude of telehealth services. Providence is committed to an enduring mission of outreach to the poor and vulnerable, and in 2023 contributed \$669 million in services, programs and charity care to those in need.



### UCLA HEALTH

**U**CLA Health is among the world's most comprehensive and advanced health care systems, with a mission to provide state-of-the-art patient care, support pioneering research and train future generations of health care professionals. UCLA Health offers an integrated network of primary and specialty care services at more than 280 clinics across Southern California and the Central Coast and at five medical centers and hospitals – Ronald Reagan UCLA Medical Center, UCLA Mattel Children's Hospital, the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA, UCLA Santa Monica Medical Center and UCLA West Valley Medical Center. For 35 consecutive years, UCLA Health hospitals have earned a place on the U.S. News & World Report national honor roll, a distinction reserved for the relative few providing the highest-quality care across multiple medical specialties. UCLA Health also includes the David Geffen School of Medicine at UCLA. UCLA Health is where discovery leads to world-class care.



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## HEALTH CARE ROUNDTABLE

**What is your outlook for the future of the health care system – this year and beyond?**

**LOPEZ:** Hospitals and health systems across the nation continue to face financial challenges caused by a variety of factors, including the rising cost of supplies, medical devices, pharmaceuticals, and labor far exceeding reimbursement from public and private payers. Strategic planning for cost containment, revenue diversification, and the development and implementation of innovative growth strategies with an increased focus on sustainability and resiliency are key to the continued growth and success of health care organizations in the current industry environment. At PIH Health, this year has been one of embracing the changes that are affecting our organization and finding new ways to grow forward. We are developing a new strategic plan to lead us into the next five years, and set the foundation for a healthier future for our system, patients, and community.

**How does California’s health care outlook differ from other parts of the country?**

**SHARMA:** As the country’s most populous state with over 39 million residents, California has taken a relatively more proactive stance than other states in addressing issues such as health care coverage, health disparities and access to quality care. The efforts to address these issues, which vary widely within the state, are propelled by the wide scope of needs in one of the most demographically diverse populations in the country. For example, Medi-Cal, which is California’s version of Medicaid, covers eligible, low-income Californians regardless of immigration status while Medicaid in other states has much less of a “coverage for all” mentality. The state has also implemented initiatives to address the state’s trends such as a rapidly aging population and the need for behavioral health services, as well as committees targeted at addressing health care quality, population health and diversity.

**New research reveals increased incidence of cancer among adults at younger ages. How is your organization responding to the ongoing challenge of combatting cancer in our community?**

**DRISCOLL:** As a former oncology nurse, I’m excited about the advancements we’re making in the early detection of cancer, especially for cancers that have no recommended screenings, such as pancreatic, ovarian and kidney cancers, to name a few. We now offer a new multi-cancer early detection screening that diagnoses these cancers and 45 other forms through a simple blood draw. The test recognizes DNA fragments naturally released into the bloodstream and identifies cancer cells among them. If the fragments are identified as originating from a cancer cell, the test accurately localizes their origin. It’s a game changer for patients who are at elevated risk of cancer. Along with existing screening tools, the test will transform the early detection of cancer and provide personalized preventive care.

**SPISSO:** Our researchers and scientists at the UCLA Jonsson Comprehensive Cancer Center continue to pursue new discoveries – and the incidence of cancer diagnosis – particularly as it relates to rising incidence for colorectal cancer and some other forms of cancer among younger adults. UCLA Health physicians participate in conducting clinical trials which monitor the effect of earlier, consistent screening especially for those at higher risk for colorectal and breast cancer. In addition, our faculty/providers participate and provide input to the US Preventive Services Task Force which sets the standards for frequency of cancer screening in the US.

**What are some evolving best practices in terms of prevention and early diagnosis as ways of stopping serious illness?**

**LOPEZ:** Cancer diagnoses in people younger than 50 has been on the rise, possibly due to growing awareness of early-onset cancer and several celebrities speaking out about their own cancer diagnoses in the media. Best practices have been evolving over the last few years in response to growing cancer cases among younger adults, revealing just how important and effective preventative care is in stopping this serious illness. Colorectal cancer screening for people at average risk is now recommended to start at age 45 instead of 50. In 2023, the American Cancer Society updated its lung cancer screening recommendations, expanding the pool of current and former smokers who should be screened for it every year, starting at age 50. Additionally, in early 2024, the United States Preventive Services Task Force updated their screening guidelines for breast cancer screening to begin at age 40, aligning with the American Cancer Society’s guidelines.

**How are health care organizations committed to creating a healthier community?**

**DRISCOLL:** Providence has a history of working with like-hearted partners to create healthier communities. Among our newer partnerships: (a) The TGR Foundation, a Tiger Woods charity. Through the TGR Learning Lab in Anaheim we’re working together to increase access to health programs and screenings for youth and families; and (b) A partnership with Northgate Markets. Together with this trusted grocery chain, we’re addressing health inequities in Latinx communities through access to care, health education and nutrition. Providence provides shoppers with hypertension screenings and information about colorectal cancer screenings, two conditions that disproportionately affect communities of color. Expanding efforts include shopping coaches to guide shoppers toward healthful choices. Providence also has relationships with community groups that address affordable housing, mental health counseling, food insecurity, domestic violence and basic health needs.

**What changes are you seeing in the insurance landscape?**

**SHARMA:** One looming trend is the growth of payors, which has contributed to the negotiating imbalance in the industry. Additionally, as overall costs rise steadily, insurance premiums will continue to increase. Over the past decade, we have also seen changes that include Medi-Cal expansions and the introduction of the ACA’s Covered California. Many gained coverage under these changes, and the rates of uninsured individuals decreased. Despite these efforts, the complexities of health coverage and navigating the processes often prevent patients from gaining coverage. Our previous Community Health Needs Assessments showed that those in our region struggled with either attaining or maintaining health coverage. At Emanate Health, we offer free resources to help our community navigate health coverage through our patient liaisons and our Get Enrollment Moving (GEM) program. In fact, with the 2023 Medi-Cal redeterminations in, the GEM program helped many patients maintain or re-enroll in Medi-Cal.

**The regional health care workforce does not reflect the diversity of Los Angeles. What strategies are being employed or should be employed to attract more diversity to the profession?**

**DRISCOLL:** Diversity, equity and inclusion principles have always been at the heart of who we are. These principles are built not only into our history, but into our DEI strategic plan, which aims to build a workforce that more closely mirrors the outside world. We know building a diverse workforce, one that welcomes all races, ethnicities, genders, creeds, religions and other immutable characteristics benefits all of us, especially those whom we serve. Varied personal experience results in heightened patient trust and engagement. Our DEI strategic plan has measurable goals and tactics that help us better understand and celebrate each

other, recognize and question inequity and injustice and deepen belonging. What we discover along the path and how we grow will influence future iterations of the plan.

**SPISSO:** We cultivate diverse talent pools that reflect our communities through a multi-pronged strategic approach which allows us to reach health care workforce candidates locally and internationally. We stay committed to those diversity and inclusion efforts via: (a) Key partnerships with workforce groups, underrepresented and diversity-focused organizations, schools and supporting pipeline programs; (b) Hosting and attending community engagement events and local/nationwide job fairs – on a yearly average, we are attending over 100 engagements and job fairs/conferences to meet candidates and communities where they are; (c) Accessibility to recruitment teams daily through various on-site and virtual programs like “Walk in Wednesdays” or Recruiter Meet & Greets, which provide candidates insight into the variety of career pathways available in our health system; and (d) Casting a wide digital footprint and creating advertising/socials reflective of the UCLA Health workforce and Los Angeles.



**Health care leaders must ensure they’re not just treating an illness but caring for the whole human throughout the entire healthcare journey.”**

–JOHNESE SPISSO

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

**LOPEZ:** Digital innovation has completely transformed the health care industry, touching almost every facet of the health care delivery process—from the doctor’s office and the hospital bedside, through the back office to the patient’s home. The use of countless digital tools, automated systems, remote functionalities, apps and devices, and other innovations has become more commonly integrated and built into the process of health care delivery. At PIH Health, our dedication to excellence in digital health has not only earned us national recognition, but has transformed and optimized our operations, resulting in reduced costs, increased efficiency, and enhanced quality of care for our patients and community. We are constantly looking for ways to improve upon and maintain the seamless interoperability across our health system with the use of digital tools and best practices to improve workflow for our physicians and staff, and reduce barriers to care for patients.

**Where do you believe that AI will prove the most effective in helping us transform health care and where do you have the most concerns?**

**DRISCOLL:** AI demands new ways of thinking to advance patient engagement, diagnostics, algorithms that predict the best treatment protocols and paperwork management. For example, Providence’s ChatBot called Grace, which is available on our patient portal, provides a personalized experience and helps understand and summarize what our patients need. The result was a 22% decrease in administrative questions and an 8% decrease in questions patients posted to their doctors. The possibilities of incorporating AI solutions in health care appear limitless. This is why Providence established central governance over AI solutions. The group is charged with establishing guardrails for AI use and is supported by other internal Providence bodies including the Data Ethics Council and

# 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, 31 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

the Cyber Risk Council.

**SPISSO:** At UCLA Health, as a major academic health system, and we see it as our responsibility to lead innovations in Health AI. Our UCLA faculty have been involved in AI research for decades. Even prior to the Generative AI era, our Health Information Technology team has been working closely with our faculty and applying our own AI solutions for many years. Although AI holds such a great deal of promise, it also comes with inherent risk. At UCLA Health, we have established a Health AI Council which brings together experts from our organization to ensure we complete an in-depth assessment of AI tools prior to implementation to ensure they are safe to use and that the tool will work as expected.

### Will outpatient care continue to trend upward?

**SHARMA:** The shift towards outpatient care is driven by the value patients place on access and convenience, medical and technological advancements, and the cost-effectiveness metrics driven by industry policies and reforms. As long as these drivers continue to progress, so will the demand for outpatient services. Emanate Health has responded to the aforementioned in a myriad of ways. For instance, we have facilitated access to top-quality care by expanding to over 20 ambulatory sites within the community. Additionally, we now offer same-day appointments with our primary care providers across these sites as well as after-hours, non-emergent care for adult and pediatric patients. Furthermore, Emanate Health has prioritized investing in technology to continually elevate patient care. As such, we are able to offer the latest technology to our patients and, in cases such as our robotic surgery program, shorten the time patients need to recover and allow patients to return home sooner.

**LOPEZ:** An aging population that requires more primary care and specialty routine visits, increased consumer preferences for easier ways to access and receive timely care, technology advancements, and reimbursement increases for outpatient care have all greatly contributed to the continuing upward trend of outpatient care services. Due to advances in health care technology, outpatient sites now offer even more services—even treatment procedures that were once only available as inpatient can now be conveniently done at outpatient facilities. Outpatient care is not only convenient for patients, but offers lower overall costs and even better outcomes. At PIH Health, we have continued to invest in technology and making operational improvements to enhance and expand our outpatient services, including programs such as cardiology, orthopedics, and digestive services. We've also reorganized some of our outpatient facilities to offer more convenient patient access to our multidisciplinary care teams.



**Digital innovation is transforming the health care business model by engaging consumers in their space."**

—LAUREEN DRISCOLL

### What can or should be done to improve health care equity and access to care?

**SPISSO:** Health care equity is a vital component of providing excellent care. We strive to meet the unique needs of each patient in a culturally sensitive, linguistically aligned, respectful manner and with their shared decision-making. One way to hardwire these principles into a health care organization is by adopting clear health care equity standards such as those recommended by the Joint

Commission Health Care Equity Certification. We are proud to be the first health system in California, the first within the Western United States, and one of the first health systems nationwide to receive this distinguished certification. These standards provide a framework to reflect our commitment to providing high-quality, equitable care to our patients and communities. To ensure equitable access, it requires optimizing access and expanding our capacity, but also working with the health plans, medical groups, and governmental agencies to remove unnecessary administrative and financial barriers that may prevent patients, especially those who are most vulnerable, from receiving the timely care that they need.

### What can the health care sector do to prepare for a potential future crisis such as another pandemic scenario?

**LOPEZ:** Supply chain challenges that peaked during the COVID-19 pandemic such as inventory management and distribution still impact health care systems today. To ensure the resilience of our health systems against future crisis, it's vital for organizations to continue to strengthen logistics and supply chains. From bolstering relationships with vendors to adopting innovative solutions such as sustainable pharmaceutical purchasing and reprocessing of medical devices, PIH Health has been looking into more sustainable ways to improve our processes, reduce waste, conserve costs, and prepare us for any potential shortages. We are also continuing to invest in our health care workers—prioritizing their physical, mental, and emotional well-being as well as offering them additional training and support where needed. By prioritizing the needs, education, and safety of our health care workers, we are helping them to be best equipped to care for patients in a future crisis.

### 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 mental health demand?

**SPISSO:** Hospitals and health systems across Southern California need to collectively commit to addressing the need for acute inpatient psychiatric care. But they also need support from their government officials, public health agencies, and local leaders, especially in the area of incentivizing and funding these commitments. At UCLA Health we are doing our part with the creation of a new psychiatric hospital in the Mid-Wilshire area of Los Angeles, with a 60% increase in capacity of inpatient beds across all ages, as well as a novel 20 bed crisis stabilization unit for behavioral emergencies. The critical shortage of inpatient psychiatric beds is however much more complex. One of the reasons that capacity is strained is the lack of available, high quality residential treatment settings for mental health and substance use disorders. This leads to an intolerably high recidivism rate for 30-day rehospitalization and excessive reliance on inpatient treatment.

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

**SHARMA:** Emanate Health is a nonprofit health system serving a population of over one million in the San Gabriel Valley. Our payor mix is comprised of approximately 85% government payors, namely Medi-Cal and Medicare. As such, we face greater impacts than many others do from challenges in the health care industry and changes in payor policies. While containing costs, Emanate Health has managed, over the past decade, to successfully transform care quality, elevate the level of care and augment the scope of services and programs that we provide to our community. We achieved this by focusing on investing our resources into our staff, patient facilities, infrastructure and technology. The development of meaningful quality metrics and robust data analytics have also facilitated our success. Furthermore,



**Consumers drive the economy, and when it comes to health care, they are a driving force of transformation as well."**

—ROSALIO LOPEZ

we have built strong partnerships over the years with our stakeholders, including physicians, and these have helped us ensure that we are aligned in achieving our goals.

### Discuss the importance of sustainability in health care.

**SPISSO:** Climate action is an urgent public health imperative. Climate change is causing excess morbidity and mortality and posing an increasing threat to mental health and well-being. The US health care sector is a significant contributor to this problem, responsible for approximately 8.5% of domestic greenhouse gas emissions, which is considerably higher than peer countries. Decisive, collective, and immediate changes are required for the future health of communities worldwide. One of the ways to reduce the climate footprint is for leaders to ensure their health systems have established greenhouse gas emissions baselines and set operating goals to reduce those emissions. Sustainability is ultimately achievable by health systems leveraging their institution's complementary missions in education, research, and community health improvement to accelerate climate action.

### What should patients take into consideration when selecting their care providers?

**LOPEZ:** Choosing a care provider is a very important decision, as it determines the quality of care patients receive for the upcoming year. When patients choose a doctor and medical group they are also choosing the hospital where they will potentially be admitted should they need hospitalization. We urge patients to consider this when choosing their primary care physicians, to ensure their doctor is affiliated with their preferred hospital. Patients should also consider if their providers offer convenient access to care, such as online scheduling and telehealth, a variety of outpatient services, and a robust multi-specialty network. Patients should seek providers that are accountable, reputable and provide evidence-based, comprehensive team-based, integrated care that can address the continuum of a patient's health care needs. Health systems like PIH Health strive to be health care partners with patients, providing outstanding quality services, that is affordable and accessible.

### What health care trends are you most optimistic about?

**DRISCOLL:** Digital innovation is transforming the health care business model by engaging consumers in their space. Through our patient portal, patients can make appointments, ask providers questions, check their lab results and other details of doctor visits and even pay their bills. In addition, the Providence app allows us to understand our users on a personal level and provide them with personalized experiences. For example, when users are logged in, we can send them reminders about their annual exams or flu shots. The app also connects providers and patients, or the health system and consumers, with content, information, tools and services – and not just when they're sick. Keeping our communities healthy is a key focus for Providence.

**SHARMA:** Emanate Health exists to help people keep



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## HEALTH CARE ROUNDTABLE



The shift towards outpatient care is driven by the value

patients place on access and convenience, medical and technological advancements, and cost-effectiveness.”

—ROGER SHARMA

well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. This is our mission that guides us in everything we do. As such, it is both promising – and about time – that is an increased awareness of providing care for the whole person instead of focusing solely on the physical aspect. Behavioral health conditions, for instance, were exacerbated by the global pandemic and have continued to increase. A subsequent Gallup study found that depression among US adults reached new heights in 2023. Preventative health and aging well have also gained traction in recent years. I am optimistic that the awareness will bring additional resources and support to address these issues. There are a plethora of

opportunities we can pursue in these areas to enhance the health of our communities.

**How is consumerism impacting the health care industry and how are hospitals and health systems responding?**

**LOPEZ:** Consumers drive the economy, and when it comes to health care, they are a driving force of transformation as well. While patients look to health care providers they know, like, and trust, as consumers they are also looking for better health care services, more options, as well as greater access and affordability. Consumerism forces hospitals and health systems to take a more patient-centric approach to the way they do business. At PIH Health, we understand our patients' need for access to our services without having to navigate through confusing health care hoops to get it. Online scheduling and check-in, remote patient monitoring, virtual visits, comfortable and updated facilities, state-of-the-art equipment, and robust patient services, including the latest procedures and treatment options—health systems strive to provide all the modern conveniences patients want with the excellent, comprehensive care they have come to expect from their trusted provider.

**What should be done today to enhance the**

**patient experience?**

**SPISSO:** Patient safety is the foundation of positive experience. We have a “We Listen We Care” program, to ensure that patients feel safe in our care by building trust at every encounter: (a) Connect on a human level (relationship); (b) Open door to clinical intellect (information); and Empower patients in their care (respect). Patients who feel safe are more likely to recommend a facility. Employee teamwork continues to be the #1 driver of a patient's likelihood to recommend scores. Health care leaders must ensure they're not just treating an illness but caring for the whole human throughout the entire health care journey, over the course of their lifetime.

**LOPEZ:** At PIH Health, we are always working to improve upon our processes and delivery pathways to increase patient access to care, promote better health outcomes, and provide an exceptional experience in every care interaction. We listen to the feedback we receive directly from our patients in order to provide real-time follow up to their concerns, understand their needs and work to address them. We analyze data captured from patient surveys, ratings, and online comments and reviews to evaluate our patients' overall perception of care they received and to help us identify areas for improvement and growth and the areas that we excel in as well. From there we work to educate our teams, formulate improvement plans and strategies using best practices and innovative tools and solutions to continue to advance the care we provide our patients.

## Most Don't Know that Primary Care Doctors Can Prescribe Addiction Treatment

Results from a new survey indicate that many Americans, 61%, are unaware that primary care physicians can prescribe medications for opioid use disorder, and 13% incorrectly believed that they could not. The survey, funded by the National Institutes of Health (NIH), also found that 82% of the people who reported ever misusing prescription or illicit opioids expressed comfort in going to their primary care physicians for medications for opioid use disorder.

of contact in the health care system and can serve as a crucial setting to talk about addiction and receive lifesaving medications,” said Nora D. Volkow, MD, director of NIH's National Institute on Drug Abuse. “We need to provide education and support so that patients feel empowered to seek help from their primary care physician, and their doctors feel prepared to help them.”

Recent federal policy changes have removed



**‘We’ve made great strides in making it easier for primary care doctors to prescribe these safe and effective treatments, but our study indicates a critical disconnect between the need for medications for opioid use disorder and people’s knowledge about how to access them.’**

BRANDON DEL POZO, PH.D.  
Brown University

Among those who had not misused opioids, a majority, 74%, reported they would be comfortable referring their loved ones to primary care for these medications.

Notably, Black American respondents were most likely to incorrectly believe they could not receive medications for opioid use disorder via primary care, pointing to an important disparity in information that may further impede access to treatment. The findings suggest there is an important opportunity to increase awareness of these treatments and how to access them – using efforts that employ culturally specific strategies to reach different groups. Decades of research have shown the overwhelming benefit of existing medications for opioid use disorder, such as buprenorphine and methadone.

“Primary care is often people's first point

some barriers to prescribing buprenorphine by primary care physicians, such as specialized training requirements and patient caps. Despite these changes, there remain barriers to receiving medication for opioid use disorder. A recent study found that, in the year after elimination of the waiver requirement to prescribe buprenorphine, the number of prescribers increased, but the number of persons who received the medication did not.

Studies estimate that fewer than 2,500 physicians specialize in addiction medicine in the US. With approximately 209,000 primary care physicians in the US, channeling addiction treatment through primary care could have a significant public health impact.

Researchers hypothesized that public health factors may impede access to these medications.

They formulated survey questions on people's awareness of and comfort around opioid use disorder treatment in primary care. In collaboration with NIDA, the researchers added these questions to a survey conducted in English and Spanish.

“We've made great strides in making it easier for primary care doctors to prescribe these safe and effective treatments, but our study indicates a critical disconnect between the need for medications for opioid use disorder and people's knowledge about how to access them,” said Brandon del Pozo, Ph.D., assistant professor at the Warren Alpert Medical School of Brown University and Brown University School of Public Health and lead author on the study. “Science, public health, insurance, policy, and public perception all must align to improve access to treatment.”

The authors note that future research should explore targeted strategies to enhance public awareness and investigate the impact of increased primary care physicians' involvement in providing medications for opioid use disorder. Awareness campaigns akin to those for HIV testing and cancer screening – including educational materials in medical settings and proactive screening by primary care physicians – may help address this gap in public knowledge. By increasing public awareness and demand, primary care physicians may be more incentivized to offer medications for opioid use disorder, especially with appropriate clinical and administrative support, the authors say.

For more information about NIH and its programs, visit [nih.gov](http://nih.gov).





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**Emanate Health exists to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment.**

## HEALTH CARE ROUNDTABLE

# American Medical Association Announces Procedural Update for Avian Influenza Vaccines

The American Medical Association (AMA) recently announced an editorial update to Current Procedural Terminology (CPT), the leading medical terminology code set for describing health care procedures and services, that includes a newly assigned provisional CPT code for vaccines to protect patients against the H5N8 strain of avian influenza (bird flu).

The provisional CPT code is effective for use on the condition the H5N8 Influenza virus vaccine candidates receive emergency use authorization from the U.S. Food and Drug Administration (FDA). The AMA is publishing the CPT code update now to ensure electronic systems across the U.S. health care system are prepared in advance for the potential FDA authorization.

“The new CPT code is a vital preparatory step in response to the potential danger to humans from a highly infectious avian influenza disease,” said AMA president Bruce A. Scott, MD. “A CPT code that clinically distinguishes the avian influenza vaccine allows for data-driven tracking, reporting and analysis that supports planning, preparedness, and allocation of vaccines in case a public health response is needed for avian flu prevention.”

For quick reference, the new product code assigned to H5N8 influenza virus vaccines is 90695 (influenza virus vaccine, H5N8, derived from cell

**‘The new CPT code is a vital preparatory step in response to the potential danger to humans from a highly infectious avian influenza disease.’**

**BRUCE A. SCOTT, MD**  
AMA

cultures, adjuvanted for intramuscular use).

The new CPT code for H5N8 influenza virus vaccines should be used with one of the following administration codes to report the work counseling patients or caregivers, administering the vaccine, and updating the medical record.

For children (through 18 years of age) the administration codes are:

- **90460** Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
- **90461** Immunization administration



through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered

For adults the administration codes are:

- **90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
- **90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)

toxoid)

Changes to the CPT code set are considered through an open editorial process managed by the CPT Editorial Panel that collects broad input from the health care community and beyond to ensure CPT content reflects the coding demands of digital health, precision medicine, augmented intelligence, and other aspects of a modern health care system. This rigorous editorial process keeps the CPT code set current with contemporary medical science and technology so it can fulfill its vital role as the trusted language of medicine today and the code to its future.

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