

HEALTH CARE

A ROUNDTABLE DISCUSSION



JASON FISCHER

Vice President, Operations
& System Chief Information Officer
PIH Health



PIH HEALTH is a nonprofit, regional healthcare network that serves approximately three million residents in Los Angeles County and Orange County. 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 has identified PIH Health as one of the nation's top hospital systems for best practices, leading-edge advancements, quality of care, and health care technology.



JOHNESE SPISSO, MPA

President, UCLA Health
CEO, UCLA Hospital System
Associate Vice Chancellor, UCLA Health Sciences



UCLA HEALTH is among the world's most comprehensive and advanced health care systems, comprised of the Ronald Reagan UCLA Medical Center (520 beds); the Mattel Children's Hospital (131 beds); the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA (74 beds); the UCLA Medical Center, Santa Monica (281 beds); the UCLA West Valley Medical Center (260 beds); UCLA Health Clinics; UCLA Faculty Group; the David Geffen School of Medicine; and a state-of-the-art behavioral health campus coming to the mid-Wilshire area in 2026. Additionally, the Westwood campus includes the Jules Stein Eye Institute and Doris Stein Eye Research Center, the Semel Institute for Neuroscience and Human Behavior Neuropsychiatric Institute, and the UCLA Jonsson Comprehensive Cancer Center. UCLA Health boasts 3,500 clinical and basic science faculty.



JUDITH WALTZ

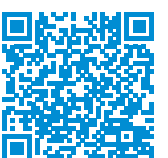
Partner
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HEALTH CARE ROUNDTABLE

THE HEALTH CARE INDUSTRY as a whole has become particularly innovative over the last few years, and has made specific 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.

To better explore the many pressing health-related issues, the Los Angeles Business Journal has discussed insights, suggestions and best practices with three health care experts and thought leaders from the region.

What California-specific legislation or regulation do you see having a big impact in the next year?

WALTZ: The biggest legislation to impact California in the immediate future will be its budget bill, which will have a significant impact on health care services. Medi-Cal (California's version of the federal Medicaid program) is funded jointly by the federal government and the state government. With significant federal cuts and other restrictions on Medicaid programs across the country (like provider tax limitations), and state budget stress, the state is unlikely to be able to make up the deficit, and health care services will undoubtedly be cut. It is unclear right now how those cuts will play out, but health care providers need to be prepared for significant disruptions in their revenue flow. And that disruption will impact the services the health care providers provide to non-Medi-Cal patients.

With ransomware attacks on the rise, how are you guiding or safeguarding your organization with sensitive patient data?

FISCHER: With ransomware attacks increasing in both frequency and sophistication, protecting sensitive patient data is critical to our operations. At PIH Health, we have implemented a multi-disciplinary approach. Implementing strong cybersecurity frameworks, such as NIST has guided our protections around sensitive patient data. In addition, regular awareness training for our staff, contractors and providers as well as quarterly social engineering campaigns test the behaviors we are seeking. End point protection, network segmentation, back up and disaster recovery processes, vulnerability/patch management, and annual third party auditing round out our technical processes. Lastly, ensuring we have a cyber insurance program that is foundational to our protections has been a focus for many years.

How are changes in Medicare Advantage and Medicaid funding shaping provider strategies in Southern California?

SPISSO: Healthcare funding is complex and an evolving landscape, with the potential for significant changes in the coming years. UCLA Health is taking a proactive approach by focusing on initiatives to expand access to our high-quality care, improve care coordination, adapt our operations, and make strategic investments, with the goal of addressing the unique needs of these patient populations. For example, in 2024, we created the UCLA Health Medicare Advantage Plan to provide eligible individuals comprehensive health care coverage and convenient access to care. The HMO plan was designed to streamline the member experience and deliver exceptional support and personalized services.

WALTZ: As providers develop their strategies, there is an expectation that times will be tough because of budget cuts from, and other restrictions imposed by, the federal government. Many of those changes have just come into place through the Big Beautiful Bill, so responsive strategies are still under development. There are also operational issues that will need to be addressed – like ICE access to Medicaid beneficiary records and reported “visits” to hospital service sites. Changes in Medicare Advantage are not unfavorable – plans received a slight payment increase this year, although there will be more scrutiny on what is characterized as fraud, waste and abuse, and some plans are looking at large paybacks for earlier billing practices. Medicare Advantage has support from HHS/CMS, currently serves more than half of the Medicare patient population, and likely will continue to thrive. The plans may in fact enjoy more flexibility in how services are delivered (e.g., in non-hospital settings). I don't expect immediate changes in Medicare Advantage strategies.

How is your organization leveraging AI or data analytics to improve patient outcomes, streamline operations, or personalize care?

FISCHER: PIH Health has been deliberate in our practical utilization of AI and data analytics. A couple of areas in which we are leveraging these capacities include, advanced clinical documentation improvement for our acute care facilities and ambient voice in our ambulatory clinical settings. Advanced clinical documentation improvement entailed a complete re-design of our health information management and clinical documentation improvement workflows. AI tools are leveraged against physician documentation to identify opportunities to more accurately identify severity of illness and risk of mortality, and ultimately right-sizes our diagnosis-related group based payments. Leveraging ambient voice dictation in our ambulatory settings has allowed conversations between patients and providers to be free flowing, while the technology captures and segments the clinical information required to create the physician progress note.



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SPISSO: UCLA Health maintains a portfolio of more than 30 active AI models that function across the spectrum of health care, from improving patient care and experience to alleviating clinician burnout and solving operational inefficiencies. We develop AI solutions internally, collaborate with industry leaders and cutting-edge vendors and leverage new offerings from Epic, the electronic health record software. We are committed to the principles and practices of responsible AI, and rigorously evaluate model performance, fairness, and safety. Most importantly, AI is not meant to replace the critical role of health care professionals, but, rather, to aid them in making more informed, data-driven decisions that ultimately benefit our patients. Our workforce's expertise and compassion are pivotal to maintaining the highest standards of care for our patients and their families.

What are the ethical or privacy concerns you're navigating with the adoption of new technologies?

WALTZ: As a law firm that services health care clients, we provide lots of advice about these technologies but also address our own access to patient protected health information (PHI) received from our clients (for example, in audits involving specific beneficiary claims). We have our own policies and procedures to protect PHI, some of which are routinely audited by

larger clients. Our ethical consideration is to protect our clients – and that duty extends to their patients and their data. As to technologies like AI – we are still identifying the tentacles of these issues and shaping our response to them. AI has tremendous potential to assist us as lawyers in our jobs, which helps us control costs and provide better client services.

Can innovation and technology improve care and reduce costs—or does one usually come at the expense of the other? How are you navigating this tension?

FISCHER: Innovation and technology can improve care and reduce costs, but achieving both requires intentional strategy, thoughtful implementation and alignment of the culture of the organization. Technology always introduces costs upfront, however, if there is measurable return on investment (ROI) demonstrated, there are beneficial opportunities to lower overall cost and improve quality over time. PIH Health is navigating the disparities by ensuring there are targeted ROI's for many of our key investments, leveraging lean process improvement techniques, enabling patient centered tools, and using data for continuous post implementation evaluations.

What's the most pressing issue hospitals or health care are facing right now?

SPISSO: I think one of the biggest challenges facing all healthcare systems across the nation is the rising cost of healthcare and reductions in funding. At UCLA Health, we're continuing to advance our value-based care models and implementing several strategies to reduce inefficiencies in care. These include leveraging technology to streamline processes and improving the value of care. California has a critical shortage of inpatient psychiatric and behavioral health care, and a rising need. At UCLA Health we are making additional major investments to serve this population with the relocation and expansion of our UCLA Resnick Neuropsychiatric Hospital to a new campus, currently under construction in the Mid-Wilshire area of Los Angeles. This will provide 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 hospital will open in 2026.

WALTZ: There are so many challenges right now that I would say the most pressing issue is how to deal with an atmosphere of chaos! There are budget cuts from the federal government that will impact Medi-Cal eligibility and coverage under ACA plans, suggesting fewer patients through primary care and likely more ED visits, and probable cuts to the hospital's ability to provide certain services. The federal focus on undocumented aliens and Medicaid beneficiary records reportedly being shared with ICE may result in patient load issues, as well as concerns about how treatment is documented for this specific population. It may also result in staffing shortages as the labor force constricts. Some physicians may be subject to personal scrutiny because of their practices in offering abortion services or gender affirming care. And research cuts will impact certain hospitals in many ways – their ability to attract star physicians, for e.g. – as well as limiting advances in health care treatments.

What's one change you believe hospitals or providers must make now to stay competitive or relevant in the future?

FISCHER: To stay relevant, hospitals must evolve from being the destination for sick care to expanding into personalized care and aesthetic medicine. It is important to be accessible from anywhere, personalize to patients' needs, and become more proactive rather than traditionally reactive. One change that providers must invest in now is the utilization of real-time data and AI to anticipate the needs of their patients and interact sooner than before.

WALTZ: We all need to accept change as an opportunity, and as part of that acceptance, learn to embrace resilience and increase our comfort with data. It will be exhausting and may be overwhelming for some people and organizations, and we will lose some of both along the way. Leadership will be especially important, but we each need a plan, both individually and for our organizations, to address these challenges. Some



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It takes boldness to reach the next breakthrough, to make life-altering discoveries like the world's first in-human bladder transplant.

At UCLA Health, innovation drives us. But what drives us most is doing it here, in Los Angeles. For 36 years running, we've been named to the National Honor Roll of Best Hospitals by *U.S. News & World Report* and ranked #1 in Los Angeles and California for 2025.

We'll keep on pushing boundaries.
Keep on elevating the standard for health care.
Keep on rising.



*Tied for #1 ranking

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disruption will need immediate attention, but some will benefit from a more leisurely approach. There should be a big business opportunity for consultants who can crunch the data and numbers to assess the true financial situation.

How are patient expectations shifting — and how are you responding with new service models or experiences?

SPISSO: In addition to accessibility and convenience, patients also want a more personalized healthcare experience, which we are providing through precision medicine. The aim of precision health is to revolutionize health prevention and the treatment of disease by better predicting which people may be susceptible to certain illnesses and finding treatments that are tailored more closely to their individual needs. Five years ago, UCLA Health entered into a collaborative research agreement with the Regeneron Genetics Center to provide whole exome sequencing for 150,000 UCLA Health patients. Led by the UCLA Institute for Precision Health (IPH), this initiative is set to become one of the largest and most comprehensive in the nation and is a key step in bringing genomic medicine to patients across California.



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FISCHER: Today's patients are informed, connected, and expect healthcare to follow suit to other industries which have addressed personalization, such as banking, retail and entertainment. Patients are expecting personalized care, on-demand access, technological convenience, transparent cost models, and continuity across healthcare settings. At PIH Health we are working hard toward meeting our patients where they want to be met. We are offering virtual care options, self-scheduling, messaging, digital check-in, and secure interaction with care teams. We are encouraging walk-in access and developing simplified financial experiences.

What investments have made the biggest impact on improving patient satisfaction in recent years?

SPISSO: We continue to see a patient preference for convenient and accessible care. To meet this demand, we are steadily expanding our clinics throughout Southern California and beyond. In 2024, we opened eight new clinics in the region, and we acquired West Hills Hospital, now UCLA West Valley Medical, which added 260 beds, seven operating rooms, an ambulatory surgery center and the UCLA Health Regional Burn Center to our network of hospitals and community clinics. In 2025 and beyond, the public will continue to see UCLA Health expand throughout the region with additional clinical services and new programs to meet the community's needs.

What's one strategic initiative your organization is focused on over the next few years to stay ahead?

WALTZ: As a law firm serving health care clients, we are strategically focused on acquiring, retaining and training talent. These are challenging times for health care clients – and we need to have knowledgeable lawyers who know the industry inside and



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out so they can offer creative, proposed solutions. Health care entities should be looking to their lawyers to help craft these solutions, as there will be legal parameters to be considered. Law firms need to have depth in health care to be able to provide useful insights and suggestions. From inside the law firm, we need to make the investment to support talent acquisition at every level – from new law school graduates to senior partners.

SPISSO: We will continue to focus on population health management to analyze and address the factors that influence the health of the population, including social, environmental and behavioral determinants, with the aim of preventing disease and promoting wellness at a community level. Socio-economic and environmental factors significantly influence up to 80% of health outcomes, highlighting their critical role in our patients' overall well-being. UCLA Health has undertaken several strategies to improve population health, including screening our patients in the domains of food needs, transportation, financial strain, prescription and medical bills, housing, intimate partner violence, and utility needs, and working to connect them with needed resources. Another way we're addressing equity and access is through mobile clinic vans, such as our Mobile Stroke Units and our Homeless Healthcare Collaborative, which visit shelters, food banks and other locations to provide care to people where they are.

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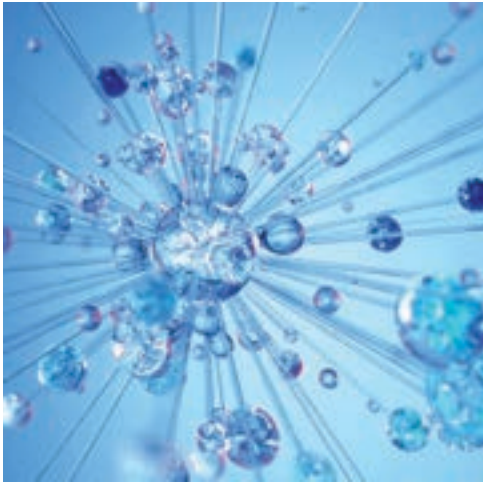


We're proud to spotlight Judy Waltz, Chair of our Health Care Practice and Chair of Payment & Reimbursement for the ABA Health Law Section (2025–2026).

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