



# EXECUTIVE FORUM

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## President's Message

### **A Busy Summer for WHA**

*By Judy Vacarro*

Greetings, WHA Members! Summer is almost over, and a lot has been happening with WHA these past few months. This is my opportunity to bring you up to date on the latest news.

Board Changes – I am sad to report the resignation of two WHA Board members, Communications Co-Chair Stacy Thompson and Membership Chair Kim Oka. We will miss their contributions greatly and wish them all the best in their future endeavors. At the same time, I am happy to report that Jan Frates, former WHA Member at Large, is our new Communications Co-Chair (sharing the duties with Nina Niu-Ok). The timing is ideal, since Jan is on sabbatical this year from her teaching position at CSULB – CSULB's loss, WHA's gain! Krisianna Lee, the WHA Board Secretary for the past two years, has volunteered to undertake the duties of Membership Chair while continuing to serve as Secretary. Krisianna has been a long-time WHA supporter and, in my opinion, the ideal Membership Chair! Finally, we are pleased to welcome Ting-Ting Yuan as the newest Member at Large. Ting-Ting became acquainted with the Board through her participation on the Events Committee, and brings to the table her enthusiasm and fresh ideas. I am delighted to say that we have in place once again a full contingent of extraordinary individuals to guide the organization through 2004.

ACHE Affiliation – Some of you may not know that WHA has been, for a number of years, an affiliate of the American College of Healthcare Executives (ACHE). Until just recently, two types of ACHE affiliate relationships existed: (1) "healthcare executive groups," or "HEGs," and (ii) "women's healthcare executive networks," or "WHENs." ACHE recently changed direction with respect to its affiliates when it launched its chapter drive. The focus of the chapter drive was to select one affiliated group in a geographic region and convert it into a "chapter." This year, ACHE designated Health Care Executives of Southern California (the former "HEG" affiliate) as its Southern California chapter. ACHE then terminated (or will terminate) its relationship with HEGs that did not become chap-

ters. The future of WHA's relationship to ACHE was suddenly up in the air. However, ACHE has recently made it clear that it does not wish to terminate its affiliation with WHENs. In that regard, I have participated, on behalf of WHA, in a number of conference calls during the past few months with ACHE representatives and board members of WHENs across the county. The purpose of these calls has been to chart a course for the future ACHE/WHEN relationship. The process is ongoing, but resolution is expected by the end of 2004. We will keep you apprised of any developments, but if you have any questions in the meantime or would like more information, please do not hesitate to contact me directly.

WHA Bylaws Changes – You will soon receive an e-mail asking you to approve various proposed changes to the WHA Bylaws. The WHA Board undertook a review of the WHA Bylaws this year and discovered a number of provisions that needed to be updated. Watch your e-mail box for more information regarding the Bylaws amendments, including our justification for each proposed change. ✕

## **SAVE THE DATE**

WHA Event featuring

***Molly Joel Coye, MD, MPH***  
***Founder & CEO***  
***Health Technology Center***

***"Disruptive Technologies and  
the Future of Healthcare"***

Wednesday, October 6, 2004  
Lunaria Restaurant and Jazz Club

## **UPCOMING OCTOBER EVENT – DON'T MISS OUT!!**

# **Disruptive Technologies and the Future of Healthcare**

Technologies under development today will disrupt patient care in hospitals, physicians' offices and even patients' homes - often to improve care, but in some cases, with important challenges to quality and business survival. HealthTech is a nonprofit research organization created by leading healthcare organizations to track these emerging technologies and forecast their future impact. Dr. Molly Coye is the founder of HealthTech, a former director of the California health department, and a national leader in healthcare quality and innovation. She will speak on the major trends in technology development today and key implications for future of hospitals, health plans and the role of physicians.

Molly J. Coye, M.D., M.P.H, CEO Health Technology Center

Dr. Molly Joel Coye is the founder of the Health Technology Center, a non-profit organization established in 2000 and dedicated to advancing the use of beneficial technologies for healthier people and communities. Molly previously served as Commissioner of Health for the State of New Jersey, Head of the Division of Public Health at the Johns Hopkins School of Hygiene and Public Health, and Director of the California Department of Health Services. She also directed the west coast office of The Lewin Group, led marketing and product development for interactive health communication and disease management at HealthDesk Corporation, and served as EVP for the Good Samaritan Health System, the largest provider system in the Santa Clara Valley.

Dr. Coye is a member of the Board of Trustees of the American Hospital Association, and a member of the Institute of Medicine, where she co-authored the reports *To Err is Human* and *Crossing the Quality Chasm*, chaired the Committee on Access to Insurance for Children, and co-chaired the Committee on Patient Safety Data Standards. She was a founding board member of The California Endowment, the largest private philanthropy in healthcare in California, and is currently a member of the Board of Trustees of the Program for Appropriate Technology in Health (PATH). ❖

### **OTHER EVENTS....**

*WHA Networking Social Outings are a wonderful way to meet up with your fellow WHA members in a casual and relaxing setting.*

**Our June Outing** was another hit, with a dozen members and prospective members enjoying a fun morning at the LA Flower Mart and a dim sum lunch at the Empress Pavillion in Chinatown. Lunch was facilitated by a couple of Chinese-speaking members who encouraged diners to sample many new dishes.

**In August**, WHA members enjoyed jazz music by the Tony Jones Vocal Project at the LA County Museum of Art - Jazz in the Times-Mirror Court, a free Friday evening concert series.

Look in your email inbox for future invitations to join WHA in our social networking series!

Watch for the writeup  
on the  
May Event  
with Gail Margolis  
in the next issue of the  
newsletter!

**SPECIAL FEATURE ARTICLE****Measuring Baseball and Healthcare:****How "Moneyball" might inspire a new kind of healthcare**

Article by Clive Riddle, President, MCOL ([www.mcol.com](http://www.mcol.com))

What do professional baseball and healthcare have in common? It might be easier to list what they don't. One is sport and entertainment, the other is life, death and everything in between. They're not financed or consumed in the same way, and as big as an industry as baseball is, healthcare operates on a much larger playing field and scale.

But among the various traits professional baseball and healthcare share, there is the need and challenge of measurement. And both often share a status quo executive management style that relies upon old standards of measurement that don't really answer the questions that need to be asked. Then again, in many cases the challenge for both is actually finding the right questions, let alone trying to then invent measurements needed to provide the answers.

An excellent book, *Moneyball* (by Michael Lewis, W.W. Norton & Company, 2003) pitches this issue for baseball. Michael Lewis isn't a baseball writer by trade. He's a well-known author of such as other books as the *New New Thing* and *Liar's Poker*. Many have perceived *Moneyball* to just be a story about the success of the Oakland A's and their General Manager in spite of a pitiful payroll. But even though the book follows the Athletics and their General Manager through a season and more, they are just the vehicle Lewis portrays to demonstrate a thesis: that winning and financial success in professional baseball can benefit perhaps most from a quest for baseball knowledge derived by measuring and analyzing the game in a new and different way that challenges the status quo.

You can walk away from *Moneyball* understanding that traditional baseball box scores, newspaper statistical compilations and sports announcers may have emphasized the wrong measurements. The baseball status quo has been built upon and rewards performance based upon flawed statistics.

The management of healthcare has its own status quo and box score measurements that need to be shaken up. How many hospitals still use 1970s and 1980s measurements converting outpatient statistics to inpatient

equivalents, examine almost every cost first on a per FTE basis and base their charges and operations around manipulating program and managed care reimbursement? How many health plans still just focus on 1970s and 1980s measurements of medical loss ratios and patient days per 1,000, examine almost every cost first on a pmpm or % of revenue basis, and base their operations around manipulating greater revenue increases?

This isn't to say that there aren't a lot of "new new things" going on in measuring healthcare. But as *Moneyball* points out for baseball, the problem can be getting an audience with "good old boy" executive management that still has problems just using e-mail, let alone understanding or truly buying into making major executive decisions on new types of measurements that tackle issues in a different light.

The root of *Moneyball's* story goes way back before the current Oakland A's regime to examine the evolution of writer Bill James, who built a cult following in his "Baseball Abstracts." James skewered management reliance on certain baseball statistics and advanced the need to adopt various replacement measurements. Fielding statistics was a pet peeve. James wrote "You have to do something right to get an error; even if the ball is hit right at you, then you were standing in the right place to begin with." (Think of healthcare statistics measuring medical errors and mortality rates, whereby physicians and hospitals that dare take on riskier cases are statistically penalized.)

Bill James pointed out the overemphasis of batting average, as opposed to on base percentage (hits plus walks/at bats) and noted that team statistics are ranked offensively by batting average as opposed to runs scored, when it is runs scored and not batting average that wins games. How often in healthcare are we stuck on batting average type statistics, and not on-base percentages or runs scored type statistics that better focus on "wins" in healthcare?

Of course the problem in comparing baseball and healthcare even in this light is that a "win" is universal in baseball, whereas a "win" in healthcare depends upon the scenario. We'd all like to say the universal win in healthcare is for patients to have great health outcomes, and everything

**SPECIAL FEATURE ARTICLE CONTINUED****"Moneyball"** *(continued from page 3)*

else will all fall into place. Unfortunately though, a "win" for a patient, physician, hospital, health plan, pharmaceutical company, or employer in the business of healthcare could mean different things. Thus taking on new ways of measurement in health care could involve infinitely greater questioning and analysis than in baseball.

Interestingly, *Moneyball* illustrates a number of situations in which the Oakland A's General Manager and staff conduct Predictive Modeling. The Author, or the Oakland A's don't call it that, but for those in healthcare starting to apply Predictive Modeling that read the book, they'll recognize it for what it is.

Those following the consumer-driven direction of healthcare should pay close attention to *Moneyball*. Writer Bill James arrives at a gold mine of statistically driven new baseball knowledge that is powerful and compelling, and peddles it to the status quo baseball establishment, who turns a deaf ear. Instead James' ultimately very successful business venture is based upon consumer (fan) demand for the information.

The point, however, in bringing *Moneyball* and healthcare together in one stadium is not to continue to draw analogies between specific items in the book and situations in healthcare. Rather it is to encourage healthcare professionals to read the book as means to inspire them to become more creative in thinking of health care questions in a new light that requires answers that aren't currently available, but would be if we only measured things differently. ❖

**ABOUT THE AUTHOR:**

*Clive Riddle is co-founder and president of MCOL, a seven-year-old company that has become the recognized leader in the delivery business to business health management and managed care resources through the Internet as well as more traditional means.*

*A 22 year veteran of the healthcare and managed care industry, Riddle has held a variety of high-level leadership positions including 12 years as Chief Executive Officer of Tenet Healthcare's managed care organization in California. Throughout his career, Mr. Riddle has been an active participant on numerous community and professional boards of directors. He currently serves on the board of directors for several for-profit, private health-related corporations.*

*Riddle has become a prominent national thought leader and speaker on emerging managed care and health plan trends, and is credited with coining the term "defined care" regarding defined contribution health plans.*

**Tipping Outside the Box**

*Additional Thoughts By Clive Riddle, President, MCOL*

Most everyone has a personal pet peeve pertaining to particular jargon that has become too plentiful in its usage. Perhaps the corollary to this is that most everyone also has a need to embrace "new new" jargon until it has become more than yesterday's news.

The business of health care, more than most professions, is a mine-field strewn with jargon. Much of it is unavoidable industry language, often gibberish to those outside of health care. In the spirit of health resource efficiency we excise all unnecessary syllables and spout out pre-authorized three letter acronyms: DRG, CPT, HMO, IPA, TPA, PHO, blah blah blah. Even the consumer directed movement has got in the spirit of things- HSA, HRA, FSA. No wonder HIPAA created so many problems, it had two excess letters.

But in such an already jargon laden environment as health care, need we overlay our professional conversations and presentations with the "talking heads" jargon de jour?

The latest case in point is "Tipping Point." When we first heard the phrase used some years back, it was by serious researchers in reference to just completed studies, and they had to explain what the term meant. But the tipping point for popular usage of the term has more than been reached, so that the term seems to have taken the mantle from "thinking outside the box" which seems to have gone into semi-retirement.

Evidently so many people started standing outside the box, that there weren't enough people left inside the box to provide some "balance in the force" and the box just tipped over (ergo, the tipping point.)

Having said that (another overused phrase these days) we'd conclude by encouraging you to "just say no" to such phrases in your health care professional dialogue, and let the tipping point be at the end of your business lunch.

**Executive Forum is published four times a year by Women In Health Administration of Southern California. We welcome your comments, suggestions and article submissions. Please contact:**

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## MEMBER SPOTLIGHT

### Past President Profile: Gayle Bullock

By Jan Frates

Instead of climbing up corporate ladders, Gayle Bullock has spiraled upward and outward, building on the skills and relationships developed in different industry sectors and organizations to stretch and grow in new directions.

Following graduation from USC, where she received her MPA and a certificate in Health Services Administration, Gayle held a series of increasingly responsible administrative positions in leading area hospitals. She served as WHA's president in 1984-85, while she was CEO of St. Jude Hospital in Yorba Linda. She then moved to the Memorial Health System, as a Senior VP for the health system with operational responsibilities for the rehabilitation hospital at the Long Beach campus and some of its related business ventures.

While on maternity leave from Memorial, Gayle was recruited to work for NeuroCare, an entrepreneurial company that operated outpatient neurology programs. That position led to consulting work with a venture capitalist firm that specialized in health care and later the formation of another healthcare company she launched with other healthcare venture capital.

Since 1994, Gayle has worked at Merrill Lynch near the John Wayne Airport in Newport Beach where, as Assistant Vice President of The Bullock Group private client financial advisory team, she provides guidance primarily to health care executives for individual and corporate portfolio management, retirement plans, and financing.

Her client list includes former employers and colleagues she has known and worked with over the years in a variety of positions and organizations.

“My work here at Merrill Lynch is the culmination of all my past experiences, and I love the variety. My clients are bright, successful people and dynamic organizations. I also interact with top professionals with specific expertise in tax, accounting and legal issues as we help clients achieve their dreams or aspirations for themselves and/or their businesses.”

Gayle resides with her husband and their two teenage girls in Shady Canyon. She serves as an officer on the Board of Directors of The Ballet Pacifica, is active with her daughters in the National Charity League and its philanthropies, and has become a fan of women's tennis as a result of her daughter's play on the National junior circuit. “I watch so many tennis matches, the joke in our family is that in my next life or career I'll be a USTA official.”

“WHA provided networking opportunities, and the opportunity to meet dynamic women who could provide an introduction, advice or resources, helped most. Relationship management is essential in business. In my experience WHA has a very welcoming and more personal community of “sisterhood”. ❖



#### MEMBER ON THE MOVE HIGHLIGHT – WHA JOBLINE FINDS!

**Kim Oka**, former 2004 WHA Membership Chair, has moved to San Francisco to take a position as Partnership Manager at HealthTech, the organization headed by WHA's October featured speaker, Molly Coye (see the information on HealthTech on page 2 of this issue of the newsletter). Kim found this job opportunity through the WHA Jobline.

Although WHA is losing a valued member of the board, we are happy for Kim's exciting new position and wish her the best of luck.

**Krisianna Lee**, current 2004 WHA Membership Chair and Secretary, recently became a Project Manager II at Southern California Permanente Medical Group. This job opportunity was also listed in the WHA Jobline.

*WHA would love to hear from you! Please let us know of any important news in your lives, ideas for events and activities, book reviews, articles, etc. Better yet, get involved and lend your talent and ideas by joining one of the WHA committees!*

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**MEMBERS ON THE MOVE & NEW MEMBERS**New Members**Nevine Hanna** is Project Manager, Biomedical Sciences at Beckman Laser Institute.**Julia Hutchins** is a Staff Manager at Los Angeles County Department of Health.**Lisa Sharp** is an Administrative Specialist in Financial Systems at UCLA Medical Center.**Meiko Winton** is an Evidence Consultant, Care Management Institute at Kaiser Permanente Program Office**Khanh Vu** is Manager, Program and Policy Development at CalOptima.Members on the Move**Krisianna Lee** is now a Project Manager II, Regional Operations at Southern California Permanente Medical Group**Christina (Martin) Probst** is recently married and is now a Project Manager at Kaiser Permanente.**Lauren Sodetani** is now a Project Manager III at PacifiCare.