



Women in Health Administration of Southern California

EXECUTIVE FORUM

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President's Message

Farewell 2004....

By Judy Vacarro

As another eventful year for WHA draws to a close, so does my term as WHA president. It has been an incredible honor to serve at the helm of this organization – an experience I will not soon forget.

One of my final tasks as president is to encourage all WHA proponents to step up and lend a hand. We are about to embark upon a corporate sponsorship drive and solicit your company's participation. Sponsorship provides an organization with access to WHA's membership and the opportunity to demonstrate support for the advancement of women in health care. We ask you to open your hearts and open your pocketbooks.

On an individual level, I invite you to volunteer to serve on a WHA committee, keeping in mind that most of the past and present board members started that way. If you are interested in serving on the board, please make it known. We welcome new ideas as we strive to provide value to our members. But, more than anything, we are looking for team players who will work cooperatively and effectively to achieve the goals of WHA, and have fun at the same time.

Finally, I would like to thank the members of the 2004 WHA Board of Directors for their contributions this year. Together, we accomplished a lot and kept the organization on course. To those of you who did not hesitate to take on new challenges, met your commitments effortlessly, kept your sense of humor and made my job easy – I will miss you, and I salute you! ✕

SAVE THE DATE

WHA Event:

Community Clinics and the Safety Net: A Look Ahead to 2005

featuring

Abbe Land
Co-Chief Executive Officer
Los Angeles Free Clinic

Debra Ward
Deputy Director
Community Clinic Association of Los Angeles County

THURSDAY, DECEMBER 9, 2004
HILTON BURBANK AIRPORT & CONVENTION CENTER

✎ Bring unneeded business clothes for the Holiday Clothing Drive! ✎

Watch for email announcement or contact mtui@comcast.net for more details

OCTOBER EVENT

Disruptive Technologies and the Future of Healthcare

By Kimberly Enard

If you're not prepared, a Roomba, or a similar technology, may just sweep you away. Helping women healthcare executives understand the potential impact of emerging technologies on healthcare utilization, delivery and market share was the central focus of Molly Joel Coye, MD, MPH, during a WHA presentation, "Disruptive Technologies and the Future of Healthcare". WHA sponsored the event on October 6, 2004 at Lunaria Restaurant and Jazz Club in Los Angeles.

"Health system leaders must plan for a bulging pipeline of disruptive technologies in a challenging environment," says Dr. Coye, the founder and CEO of HealthTech, a non-profit research and education organization that develops technology forecasts, decision-making tools and learning networks of experts and health system leaders. HealthTech's research covers medical devices, pharmaceuticals, biotechnology and information technology, as well as all hospital service lines and clinical focus areas, and more than 50 high-cost, high volume clinical conditions.


Dr. Coye emphasized that anticipating and planning for emerging technologies is critical to developing patient and purchaser relationships. "Fifty percent of consumers say advanced technology is a critical factor in hospital selection, and purchasers continue to demand better, cheaper care," says Dr. Coye. Unfortunately, Coye noted, healthcare is as much as 20 years behind other industries in some technological areas. During her presentation, Coye outlined a variety of technologies destined to pave the way to greater efficiency in healthcare delivery, including electronic communication between patients and physicians; electronic prescribing; ambulatory computerized physician order entry (CPOE); inpatient CPOE; and disease management.

Dr. Coye cautions healthcare executives to stay abreast of changes in treatment patterns, noting the current shift toward screening, prevention, and less invasive surgeries and therapies, as well as to ambulatory and home care settings. For example, while the aging population and rising cardiac disease rates driven by obesity continue to increase cardiac patient volumes, improved medical management of cardiac patients reduces the use of surgical interventions, and, consequently, reduces revenues for many hospital organizations. Catheter-based procedures, such as balloon angioplasty and drug-eluting stents, continue to replace open heart procedures such as coronary

artery bypass and heart valve surgeries. In addition, the proliferation of implanted devices – such as pacemakers, defibrillators and left ventricular assist devices (LVADS) – reduces hospital admissions.

Additional trends of interest to healthcare executives include increases in disease management programs, remote wireless monitoring and communications, virtual home nursing, personal robots, "smart" homes and imaging technologies. Enhanced imaging technologies and picture archival communication systems (PACS) will lead to more rapid and accurate diagnoses, earlier and less invasive procedures, new modalities in operating and procedure rooms and increased portability.

Some potential effects of these emerging technologies, Dr. Coye notes, includes additional pressure on payers to expand coverage for appropriate, medically necessary indications, movement of procedures from inpatient to outpatient settings, cost savings generated by faster patient recovery times and the opportunity for specialized networks. To take advantage of these potential boons, Dr. Coye indicates healthcare organizations must be poised to deal with internal and external information technology challenges. Key strategies include—

- Developing effective approaches for identifying emerging technologies
- Forecasting disruptive effects of technologies on patient care, expenditures and outcomes
- Investigating changes in delivery systems, including workforce training issues
- Implementing appropriate policies and incorporating forecasts of utilization, costs and health impact into analyses 

HOLIDAY CLOTHING DONATION at the DECEMBER EVENT

Please bring donations of business attire (casual and corporate—clean and on HANGARS) for donation to Working Wardrobes, a non-profit organization that helps men, women and at risk teens enter the workforce by providing them with gently used clothing and accessories and a variety of training and support services. Please see www.workingwardrobes.org for most needed items and giving guidelines. You will also receive a receipt to document your contribution for tax purposes.

Please bring clean and pressed clothes on a hanger. Shoes, purses, scarves, belts, unopened pantyhose are also needed.

MEMBER SPOTLIGHT

Trudi Carter, MD, Board Member-At-Large

By Jan Frates

Trudi Carter, a board certified pediatrician, is Chief Medical Officer for the California division of Schaller Anderson, Inc., a health care consultancy that manages two health networks that are part of Cal Optima, the county organized health system for Orange County. In that position she oversees utilization review, case management, quality, compliance, credentialing and physician relations for over 100,000 Cal Optima network members. She also works collaboratively with Cal Optima to review, monitor and develop new programs for the networks. Trudi previously held a similar position for the Southern California Division of Catholic Healthcare West (CHW), where she spearheaded quality initiatives for the division. She developed a physician leadership program for hospital chiefs of staff and facilitated a program of standing physician excellence committees, which focused on departmental leadership development and the sharing of best practices across all the hospitals in the division.

Raised in Detroit, the oldest of ten children, Trudi was always interested in science and majored in chemistry at a technical high school and in college. She decided on a career in medicine after working for several summers in chemical industry firms and realizing she wanted more people contact. After receiving her medical degree from Johns Hopkins University and completing internship and residency programs at Children's Hospital of Pittsburgh, Trudi was invited by a former residency colleague to join the Hawthorne Community Medical Group, one of the first large group practices to embrace the delegated risk managed care model. She built a large practice in general pediatrics. Her interest in operational procedures and their relationship to the actual delivery of care resulted in her promotion to regional medical director and to a series of increasingly responsible physician executive positions with the Mullikin Medical Centers and MedPartners physician practice management companies. Along the way, she earned a graduate certificate in medical management from the University of Southern California.

Her professional mission has remained one of providing quality services to all members of community. "I love being able to affect care for people who often have no one advocating for them. My current job centers on delivering care to Medicaid patients, a population that is so often tolerated and not loved. I think that my love originates

from really understanding what it is like being poor and a minority in this country. I like the people I work with. They are a young team with lots of enthusiasm and still very idealistic, elements so important in a job where there are so many impossible goals. I know this will sound strange but I also enjoy working with physicians. They are a tough bunch, but I like the challenge of helping them see how being a physician can still be a wonderful profession."

Trudi and her husband are the proud parents of four grown children. She relaxes by sewing and crafting books and jewelry. Trudi's community service activities include membership on the boards of Christus Healthcare System in Dallas, Trinity Hospice in Torrance, the Physician Subcommittee of the California Healthcare Association and the Community Benefit Subcommittee of CHW. She joined the WHA board as a member-at-large in 2004. "Membership and participation on the WHA board has been a wonderful experience. I have had the opportunity to work with interesting women who have a lot of energy, experience and varied outlooks." ❖

2004 CALIFORNIA GOVERNOR'S CONFERENCE ON WOMEN AND FAMILIES

Tuesday, December 7th, 2004 at the Long Beach Convention Center

Two WHA Board Members, Doria Hai and Ting-Ting Yuan, will be participating in the 18th Annual California Governor's Conference on Women and Families. The conference features dynamic keynote speakers, informative workshop sessions and an exciting product and service showcase. If any WHA member attending the conference is interested in meeting up with WHA board members and other WHA members during the networking reception or dinner later in the day, please contact Doria (310-259-3986 [cell] or haid39@yahoo.com) by December 4th to RSVP.

Look out for the WHA stickers that Doria and Ting-Ting will be wearing at the conference!

For more information regarding the conference, please visit: www.californiagovernorsconference.org

SPECIAL FEATURE ARTICLE**The Buzz on West Nile Virus***By Stephanie Miladin*

We've always thought of mosquitoes as just a nuisance and leaving us with an itchy bump, but now they have the potential of spreading a serious disease known as West Nile virus (WNV).

WNV made its mark on California this year and is the fastest spreading single most important mosquito-transmitted virus to ever reach California. This virus is spread by the bite of an infected mosquito (only female mosquitoes bite) and, in a small number of cases, has been spread through blood transfusions, organ transplants, breastfeeding, and—during pregnancy—from mother to baby. It is not spread through casual contact, such as touching or kissing someone with WNV.

Approximately 80% who are infected will not show symptoms; 20% will develop West Nile Fever, accompanied by flu-like symptoms, and 1% will develop Neuroinvasive Disease (encephalitis, meningitis, and acute flaccid paralysis), which may be permanent and lead to death. There is not specific treatment for WNV infection and no vaccine. West Nile virus does not discriminate. Young and old can acquire the disease, but people over the age of 50 with weakened immune are at higher risk of developing complications. WNV can also strike active, healthy young people, leaving with them crippling polio like symptoms that can last for months. According to an article in *Emerging Infectious Diseases*, only 37% achieved a full recovery after one year.

Last year was the first time WNV was detected in California. The worst outbreaks occur in the second year of the virus' arrival and that's what happened to California. Experts predicted California to be the epicenter for the disease, and this predication came true. At the time of this writing, California is leading the nation with 795 human cases and 23 deaths. Summarizing the human cases to date statistically, the median age of all cases/infections is 52 years. Of the 23 reported fatalities, the median age is 76 years. These statistics may seem woeful and ominous, but in reality, less than 3 persons in 100,000 of the California's population have been confirmed victims of WNV this year, extremely low compared to Colorado's 2003 WNV aftermath, where the disease ratio exceeded 60 infected persons in 100,000.

This data demonstrates the importance and success of

community based organized vector control programs. Mosquito and vector control districts are not county or state governmental agencies, but special local districts and created by their constituents to provide essential services for their communities.

It remains uncertain as to what level of disease occurrence the state may experience next year. In most areas of the state, the mosquito season is rapidly ending as it normally does this time of year. There are ways to protect yourself and your family by playing an active role in mosquito prevention by doing the following:

- Mosquitoes breed in standing water. Eliminate standing water on your property by dumping or draining water in neglected swimming pools, ponds, rain barrels, discarded tires, buckets, or anything holding water for more than a few days. This will stop the mosquito life cycle.
- Wear loose, light colored, long sleeve shirts and pants outdoors, especially at dusk and dawn when mosquitoes are most active.
- Use mosquito repellent containing DEET.
- Keep tight fitting screens on doors and windows to prevent mosquitoes from entering homes.

Additional information and assistance with a mosquito problem can be obtained by contacting your local mosquito and vector control district by visiting: www.mvcac.org. ☒



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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!

COMMUNITY CORNER

Assessing Your Workplace Effectiveness

By Christina Thielst

When asked, employers often say their greatest asset is their employees – real people who must balance their work and personal commitments. Problems associated with an employee's ability to balance work and personal life will ultimately impact negatively upon the effectiveness of the workplace. We recognized this years ago when many organizations added Employee Assistance Programs to their employee benefits portfolio.

Today, employers of choice, and their leadership, understand the broader reciprocal relationship between work and personal life and the impact of this dynamic upon job performance, recruitment and retention. These employers and their managers continually assess the stressors in the workplace environment and strategically respond with policies, programs, services, and attitudes which foster the well-being of employees through the effective management of work, family and personal life.

There is no “one size fits all” approach to work/life programs or practices and each deserves sufficient commitment and consideration in order to be successful. However, there are some common threads shared by many of the most successful organizations.

First is an objective and realistic assessment of the workplace and organization data. The National Work/Life Initiative (www.awlp.com/nwli/homepage.jsp) has created Categories of Work-Life, a basic auditing tool to help guide you through this process. A second, more detailed tool is available from the Boston College Center for Work & Family. Their Excellence Index is a useful tool for organizations just getting started and those who want to assess over time or across departments/organizations. (www.bc.edu/cwf)

Second, is the identification and rating of “pain” in the organization. Interviews with managers and supervisors will help identify the “pain” of the organization because they are

ones most likely to “feel the pain” caused by policies, programs, services and attitudes, which make it more difficult for employees to balance work and personal demands. Effective organizations also determine whether the pain localized, widespread, acute, chronic, or a combination of multiple types and its impact upon the quality of programs or services.

Third, successful employers survey employees and other stakeholders and use the results to help identify areas of weakness, set priorities, conduct an analysis of the return on possible solutions, and maintain a balance of employer and employee needs

The goal of any work/life effort must be to apply practical tools to develop cost-effective initiatives, with demonstrated return on investment, for their most valuable resource – employees. However, in order for this, or any, improvement efforts to be sustainable there must be continued support from the top!

October is National Work and Family Month! - U. S. Senate Resolution 210

For more information and/or resources contact the Santa Barbara

Issues for American workers which can be addressed through work-life programs and policies:

- 85 percent of U.S. wage and salaried workers have immediate, day-to-day family responsibilities off the job
- 46 percent of wage and salaried workers are parents with children under the age of 18 who live with them at least half time
- Nearly one out of every four Americans -- over 45 million Americans -- provided or arranged care for a family member or friend in the past year
- An increasing number of baby boomers reach retirement age in record numbers [and] more and more Americans are faced with the challenge of caring for older parents.

WHA SCHOLARSHIP

WHA will award a \$2,500 scholarship for 2004-05 to a graduate health administration student.

Please help us continue to make this award in the future by making a contribution at the next WHA event or including a donation to the scholarship with your renewal.

You may make check payable to “WHA” and note “Scholarship Fund” in the memo line. Your deduction is tax deductible as allowed by law (check with your tax advisor).

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MEMBERS ON THE MOVE & NEW MEMBERS**New Members****Jacqueline Bowles, MD**, is Senior Physician at Sepulveda VAMC.**Gretchen Brickson** is Director, PACE at Downey Regional Medical Center.**Marsha Chan, Pharm D.** is Vice President, Quality Management & CRO at St. Francis Medical Center.**Brie Foote** is an MS Student at USC.**Clarinda Ford** is a student and an RN Case Manager at Blue Cross of California.**Stephanie Miladin** is a student and a Public Information Officer with Greater Los Angeles County Vector Control District.**Jill Parma** is Program Manager at Chapman University.**Monica Pavelka, CPC** is a student and works at Medical Services by Monica Pavelka**Isha Raval** is a Senior Audit Consultant with Memorial Health Services.**Simran Sahny** is a student member.**Lynn Salahi, MPH** is a student member and is Clinic Manager at UMMA Community Clinic**Bertina Yen, MD, MPH** is a Physician Executive at Zynx Health.**Yao Zhang** is a student and is a Hospital Administration with City of Hope National Medical Center**Members on the Move****Lalima Hoq** is now an Associate Director, Research at Cerner Health