

# Health Care

## A ROUNDTABLE DISCUSSION



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**PRECIOUS MAYES**

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

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

**The practice of medicine has seen a wide array of challenges over the last two years. As a thought leader and expert when it comes to health care in the region, what is your outlook for the future of the healthcare system as we move into the second half of 2022?**

**CLAUSEN:** Like many leaders, I am focused on exceeding the expectations of our Kaiser Permanente members and achieving high quality outcomes for the communities we serve. However, as the COVID-19 virus is still surging in parts of the world and the US, our future is not fully predictable. Therefore, I anticipate we will still see patients with a higher acuity entering hospitals. Based on the lessons learned from the pandemic, we must remain ready to pivot to meet the needs of our patients who will continue to seek and demand care when and where they want it.

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

**What are the strategic goals of hospitals and health systems post-COVID-19?**

**CLAUSEN:** When listing the strategic goals for both hospitals and health systems post COVID-19, we must first meet consumer expectations and make care convenient and easy to access. Next, we must remember to foster healthier communities by driving equitable health outcomes and delivering superior quality. We must renew our focus on technological advancements while remaining affordable for our members. Finally, we need to implement a people strategy which includes among other things a focus on equity, diversity and inclusion.

**What steps are clinics and hospitals taking to ensure patient safety?**

**CLAUSEN:** When it comes to patient safety, we are using a TeamSTEPPS approach, which fosters staff/physician engagement to ensure patient safety. This is an organized program that promotes communication and teamwork



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among all healthcare providers. We also evaluate the number of staff and hire different disciplines identified to fulfill care needs. Lastly, competency assessment and ongoing training are key to promoting patient safety.

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

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

**CLAUSEN:** The COVID-19 pandemic has served as a disruptor to the healthcare and operational landscapes. Every healthcare business has been affected, with the majority trying to navigate through continual changes. In addition, the stresses on healthcare workers remains very real. Workforce challenges are vast as staff resign, resulting in an overall shortage of staff as the more experienced workers look for new opportunities. Supply chain limitations remain and we are constantly looking for ways to locate substitute supplies when necessary. A strain has been put on financial viability for many businesses as well. I anticipate we will see more health systems failing to recover from the financial impact, leading to an economic void for patients that live in those areas. On the bright side, the result of many operational changes paved the way for a time of quick innovation. We have learned to approve new processes and implement more digital solutions that will be useful moving forward. The pandemic has also given us an opportunity to encourage cross functional collaboration with other sectors to resolve future disruptions.

Will outpatient care continue to trend upwards?

**CLAUSEN:** Yes, ambulatory practices, home health and remote patient monitoring are all areas that we see growing. Today we perform many procedures safely in the outpatient settings that once required hospitalization.

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

**CLAUSEN:** In the future, with hospitals seeing higher acuity patients, we may experience a need for fewer hospital beds. Therefore, a focus on the ambulatory arena should be embraced. By shifting to ambulatory surgery centers and the like, many procedures can be done as an outpatient service, thus decreasing the need for long hospital stays. Simultaneously, we must modify the training of our workforce, so there

are always care teams in the pipeline available to work in the community and ambulatory settings. Finally, we need to keep performing environmental scans and pursue community health initiatives to remove disparities.

**MAYES:** We have survived through the worst of the pandemic in 2020-2021. As a result, hospitals now have mitigation plans in place to promote early preparation, and assertive implementation of strategies to position themselves to be over-prepared for the next COVID-19 upsurge or any other type of mass emergency.

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

**CLAUSEN:** Throughout the pandemic a rise in telehealth usage, especially televisits for behavioral health, was noted and continues to eliminate barriers to delivering care. Televisits for primary care and many specialty services (which do not require an examination of the patient) also continues. By utilizing remote patient monitoring and teleradiology we are able to monitor, report, and analyze a patient's acute or chronic conditions from outside the hospital or clinic setting. This gives us the possibility for a real-time understanding of our patient's disease state, affording us the opportunity to make proactive clinical decisions.

How is digital innovation revolutionizing healthcare?

**CLAUSEN:** Digital innovation in the health field is constantly changing. There are a multitude of apps and devices in place currently, with more on the horizon. We are capable of offering many services through digital innovation, and looking at ways for patients who choose to use digital platforms to have access to care at their fingertips.

For many years we've been hearing how data and analytics can improve the quality of patient care. In your view, how is data being used to improve health and prevent people from getting seriously ill?

**CLAUSEN:** Currently we are using cognitive computing algorithms. When the algorithms are applied properly to data, we are able to predict future, geo data, community level data, wrap around services and much more.

What are some of the issues you feel may have been overlooked while we were battling the pandemic over the last two years?

**MAYES:** The federal stimulus funding for small to medium-sized hospital providers was not at the same level of support that was distributed to much larger hospitals and health systems. Unfortunately, the calculation created to decide distribution of available stimulus funds favored the larger hospitals rather than the small to medium – and even the always struggling safety net hospitals. Safety net hospitals are essential and vital healthcare service providers to the communities they serve, as these communities tend to provide care for the underserved or disenfranchised population. As president/CEO, I have been actively in constant communication with our local legislators at the city council, assembly, senate, and congress levels. Gratefully, we have received the backing and support of our local officials to advocate for hospital providers and to ensure that we are prioritizing the public's healthcare needs. Our strong political relationships have played a significant role in the support of our safety net hospital, Pacifica Hospital of the Valley.

Are wellness programs worthwhile investments for employers in 2022?

**CLAUSEN:** Yes, while the pandemic has affected everyone differently — no one has escaped it. Prioritizing the well-being of our workforce leads to increased staff retention and ultimately, better health outcomes all around. With the increase of remote workers, a wellness program will also assist with employee engagement. Implementing health risk assessment and biometric screening drive programs will help colleagues identify and monitor health conditions. Some examples are diabetes prevention, healthy back, healthy joints and other programs.

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

**CLAUSEN:** We continue to offer community programs that focus on diabetes, blood pressure, and vaccinations in areas where there is a high need. We are working on closing disparities for those with mental health issues — focusing on equity, diversity and inclusion with any group that has barriers to care, such as using digital platforms to reach populations that have challenges with transportation.

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# Innovative Technology Detects Respiratory Impairment

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

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

**AN INNOVATIVE SOLUTION**

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



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

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

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

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

ing circuit, the AGM100 quickly calculates and provides a comprehensive panel of respiratory measurements including blood oxygen levels, oxygen deficit (A-a gradient), P/F ratio, and alveolar oxygen and carbon dioxide levels. So, a full view of the patient's respiratory status is achieved instantly.

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

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

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

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

*Learn more at [mediapines.com](https://www.mediapines.com).*

# The Benefits of Treating Hypertension in Early Pregnancy

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

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

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

The findings from the Chronic Hypertension and Pregnancy (CHAP) trial, currently the largest trial to study chronic hypertension in pregnancy, published simultaneously in the New England Journal of Medicine and were presented last month at the American College of Cardiology's 71st Annual Scientific Session

and Expo. The study is funded by the National Heart, Lung, and Blood Institute (NHLBI), part of NIH.

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

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

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

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

Researchers found that of the participants who received antihypertensive treatment, 70% experienced no major negative pregnancy outcome, while 30% experienced one of the following outcomes: preeclampsia with severe features, which usually presents after 20 weeks of pregnancy; placental abruption; preterm birth at less than 35 weeks; or fetal or neonatal death. In comparison, 37% of participants in the control arm experienced a similar negative event.

In other words, the researchers said, for every 14-15 people treated for hypertension early in pregnancy, one was spared from experiencing a severe complication measured in the study.

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

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

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

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

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

**'The impact of treating chronic hypertension during pregnancy represents a major step forward for supporting people at high risk for adverse pregnancy outcomes.'**



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