

# Viewpoint

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**J**ohneise Spisso is president of UCLA Health, CEO of UCLA Hospital System and associate vice chancellor of UCLA Health Sciences. In this role, she oversees four hospitals, more than 160 clinics in 85 locations, 2,000 physicians and 25,000 employees.

Before joining UCLA, Spisso ran University of Washington Medicine as chief health system officer and vice president of medical affairs for the University of Washington. Spisso also worked at UC Davis Medical Center, where she began as an intensive care nurse and rose through the ranks to direct critical care, trauma, burn and emergency.

At UCLA Health, ranked by U.S. News & World Report as No. 1 in Los Angeles and No. 7 in the nation, Spisso is determined to transform care for the entire community. With the expectations of payers and patients evolving, Spisso sees an opportunity for UCLA Health and the UCLA Hospital System to thrive as healthcare leaders using innovation to drive value-based care.

Her deep background in both business and patient care has given her a perspective that incorporates the views from both sides of the CEO's desk to form an especially focused vision.

UCLA Health, she says, must identify, pilot and deploy high-value innovations that deliver better health and greater value to more people. To deliver on that goal, UCLA Health is emphasizing clinician engagement, a patient-centric focus and condition-specific, clinician-guided measurement.

## **You talk a lot about using innovation to drive value-based care and value creation in healthcare. How do you define value and how does this frame UCLA Health's approach to value-based care generally?**

At UCLA Health, we see value through the lens of the patient and family, and we define value as the patient experience and the outcomes that matter to patients—provided at an acceptable cost. Patients are clear on what is important to them—and that includes timely, high quality care delivered with kindness and compassion and at an affordable price. In other words, value is the sum of what we do and how the patient perceives what we have done, it is our emphasis on the total patient experience. That experience includes timeliness, patient-centered outcomes and improved efficiency.

That also means value-based care is evidence-based care. We use our research and innovation to guide changes in healthcare delivery and “deliver the best care first.” Wellness, frequency of visits, recovery process, medications and affordability—can all be assessed



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on a continuum. By providing prompt access to care, patients fare better and it reduces cost in the long term.

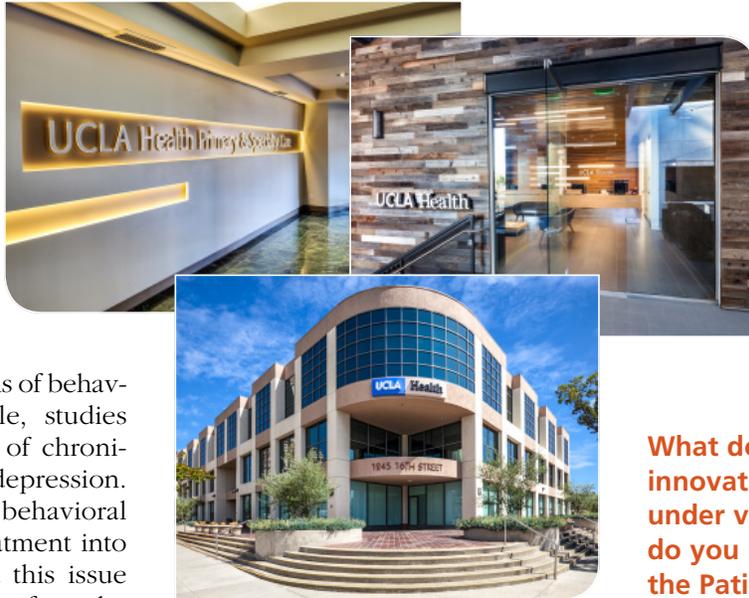
## **How does population health fit within that framework? And how do you show results?**

Population health is a big-picture way of looking at the value we provide. UCLA Health has three guiding principles in our population health efforts: One, enhance the patient experience from a 360-degree view; two, manage population health; three, transform clinical care using our research and innovation platforms.

We build our population health approach using data analytics, focused on an integrated care model, improving the patient

experience and identifying social determinants that affect care or risk factors. We monitor performance metrics such as emergency department and inpatient hospital use and also preventive-services care gaps (for example colonoscopy or immunizations). We have a primary care-based system for population health management and follow patients longitudinally. We also emphasize patient engagement, such as through our patient portal for test results and for messaging.

Overall, we have invested a lot of time into redesigning care delivery for population health—incorporating a primary care team, ambulatory pharmacists, care coordinators, social workers and behavioral health expertise into our approach. In terms of behavioral health, for example, studies show a high percentage of chronically ill patients have depression. Thus, we have integrated behavioral health screening and treatment into ambulatory care, so that this issue is addressed at the outset. If we do, studies show, patient care is more effective and less expensive.



“New-look” clinics in (clockwise) Palos Verdes, Woodland Hills and Santa Monica

patient experience and clinical outcomes, even as we’ve gathered data from multiple diverse sources and used it to continually improve quality and patient safety. The result is that UCLA Health has one of the top scores in patient experience nationally and in California.

### What does the design of an innovative care model look like under value-based care? How do you incorporate the ideal of the Patient-Centered Medical Home into your care model?

We see care coordination as essential to innovative value-based care,

As for our clinics, they look a lot different than they did 10 years ago due to healthcare’s shift to ambulatory care and the need to address chronic care needs. Today, for example, we link all new patients with a primary care physician, and

both for primary care and for specialty care. This is a key element of our Patient Centered Medical Home and requires a remarkable level of coordination and communications.

## Related Resources

Check out the *SI Inside Edge* “New Business Models: An Interview with Michael Pfeffer, MD, CIO, UCLA Health.” <https://scottsdaleinstitute.org/docs/pubs/ie/IE.2017-08.New-Business-Models.Part-III.25678dfdsc.pdf>

Check out **SI Patient/Consumer Engagement Adoption Model™ and Assessment© 2.0** to find out where your organization is on the journey to patient engagement and the steps required to achieve the next level. <https://scottsdaleinstitute.org/pce/pce.asp>

we’ve installed our Epic EHR across our entire network. That means that any of our providers can easily access care at any of our four hospitals and 160 ambulatory clinics.

Further, we want to proactively manage the entire continuum of care. To that end, we recently partnered to provide a home healthcare agency because more care is being provided in the home. We need to ensure that the

high quality of care we provide is maintained throughout the continuum into discharge and recovery.

We’ve also taken on a share of risk. At least 50 percent of our patients are covered under alternative contracts like Medicare Shared Savings and commercial ACO arrangements.

Amid these changes and this risk has come the need to monitor our progress. To do so, we’ve built dashboards to track results through data analytics. We’ve defined actionable sets of data related to utilization, attribution models,

In this model, “top of license” work is vital. For instance, rather than have highly trained licensed practitioners handling tracking and paperwork, we have unlicensed care coordinators embedded in our clinics to make sure patients are receiving care as ordered. That frees practitioners to perform the skilled work for which they’ve been trained. These coordinators can then link patients who need a higher level of assistance to licensed case managers. We also have integrated behavioral health into primary care, and we have a robust hospitalist model that links to primary care. Further, in both primary and specialty care, we have active programs in advance care planning, and our EHR enables us to easily track patients and match them with their care plans.

For continued direct feedback, we hold monthly meetings with patient and family advisory panels, combining their input with guidance from an ambulatory resource team and internal Lean and Six Sigma trained staff, all centrally managed to ensure consistency across the enterprise.

### UCLA Health emphasizes clinician engagement. What does this mean?

Our clinician-engagement initiative aims to ensure that physicians are engaged in their work, in designing the care model while instilling accountability in practice. It is also about making sure we’re providing clinicians with the right information at the point of care. That’s our commitment. To make that happen, IT and clinical informatics teams have developed custom reports using clinical decision support tools. We simply have to give our physicians what they need to make our care models work.

**UCLA Health has expanded its geographic footprint in recent years to become more of an academic health system across Los Angeles County. What significance does a larger footprint play under value-based care and population health? What are the chief market factors driving your strategy?**

UCLA Health is focused on the patient. Because of that, our goal is to put primary care within 30 minutes of any person regardless of traffic—to provide consumers with care that’s convenient to them. Our preference is to have sites throughout the region, and we’ll continue to add these sites as our need for capacity grows. We have also capitalized on opportunities to work with others to grow our footprint and capacity. For example, with partners, we opened a 138-bed acute rehabilitation hospital, which filled a big community need. Each year we get more requests for UCLA Health to expand, so we ask, “Is there a gap in access that we need to provide or partner to provide?”

**What role does patient/consumer engagement or the patient experience play in population health at UCLA Health? Are they the same thing?**

Patient engagement is absolutely essential to population health. Patients need to be as engaged as possible in order to improve both their experience and their outcome. Patients at UCLA are encouraged to be active in their care and ask questions. One of the tools we give patients is the “My UCLA” app, available for download on their smart phones. It has everything they need to access care, review their test results, send messages to providers, schedule appointments and manage prescriptions, and also includes health tips and a MyChart app.

**Given the trend toward convergence of providers and payers, how much of the UCLA patient population comes under new, value-based business models, including risk-based and alternative contracts? Do you have any plans to acquire your own health plan?**

Half of our patients are under alternative contracts. While we have no plans to acquire a health plan, we



continue to look for opportunities to work with other healthcare providers. For example, we designed and developed an integrated HMO network with various partners throughout the region—the Vivity HMO—which continues to grow. Additionally, we offer a self-insured product to employees, which we expect will also continue to grow.

**How do you develop a culture of innovation within an enterprise like UCLA Health?**

As an academic medical center, UCLA Health is fortunate to be able to combine our exceptional clinical expertise with the intellectual curiosity and collaboration inherent within the David Geffen School of Medicine at UCLA. A large contingent of our workforce is focused on research discoveries in the clinical and basic science fields, so our appetite for innovation is endless. We even have an innovation board that is continually looking at new ideas. Our innovation spans clinical care as well, assessing ways to improve infrastructure; new models of care delivery; and developing or embracing innovation in drug therapies and operational efficiency. People are attracted to us because entrepreneurship is a key driver in our identity.

*That spirit to grow, to build and to create infuses everything we do.*



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