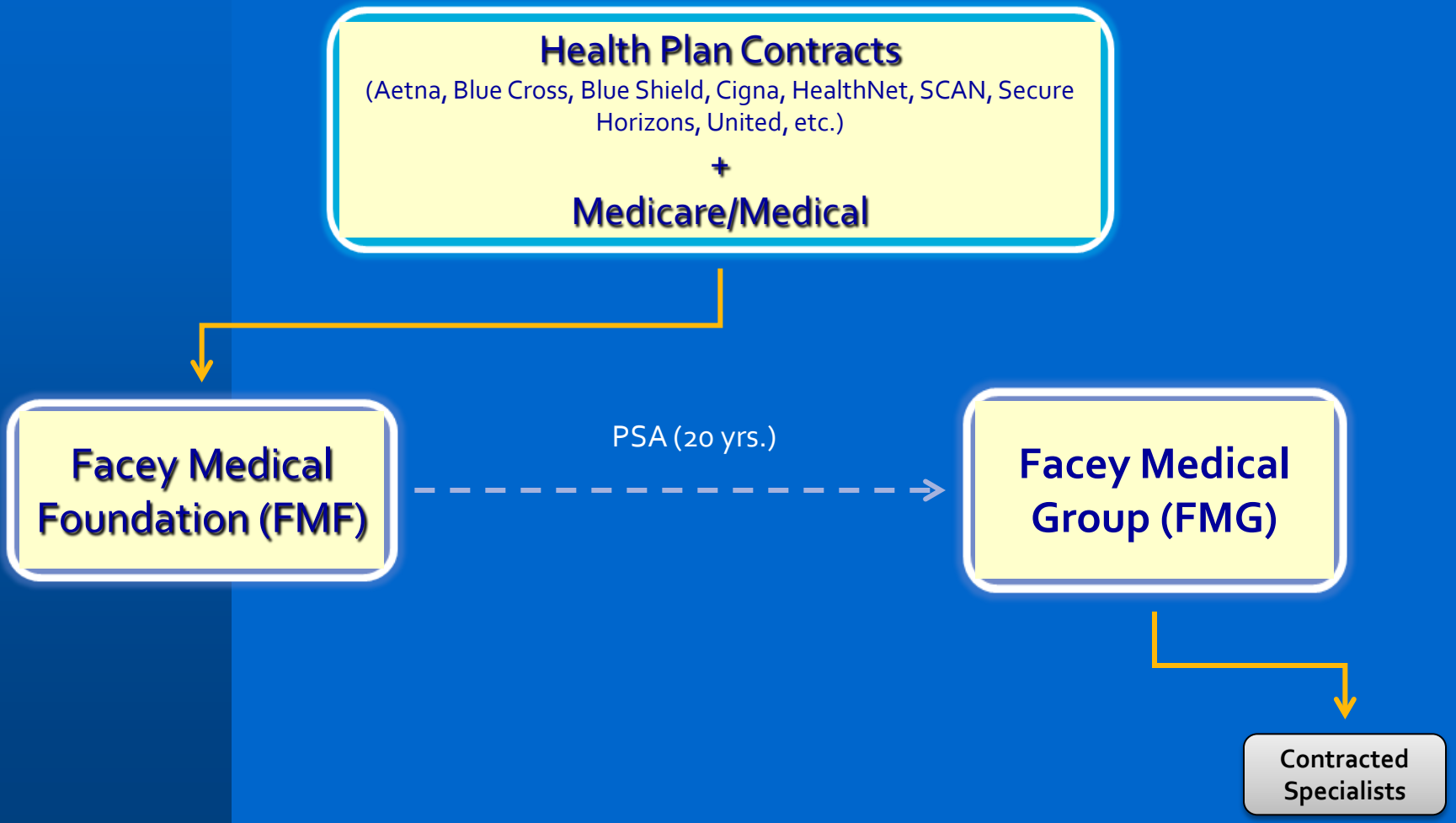
FACEY History – 88 years

- **Dr. Frederick Facey began practicing medicine in the San Fernando Valley in 1923. Facey chose to hang his shingle on a small building on Brand Boulevard in San Fernando.**

- **What started as a small storefront practice became a career spanning 33 years of practicing medicine, ultimately resulting in what now exists as Facey Medical Group.**

DR. FREDERICK FACEY

FACEY Enterprise Structure



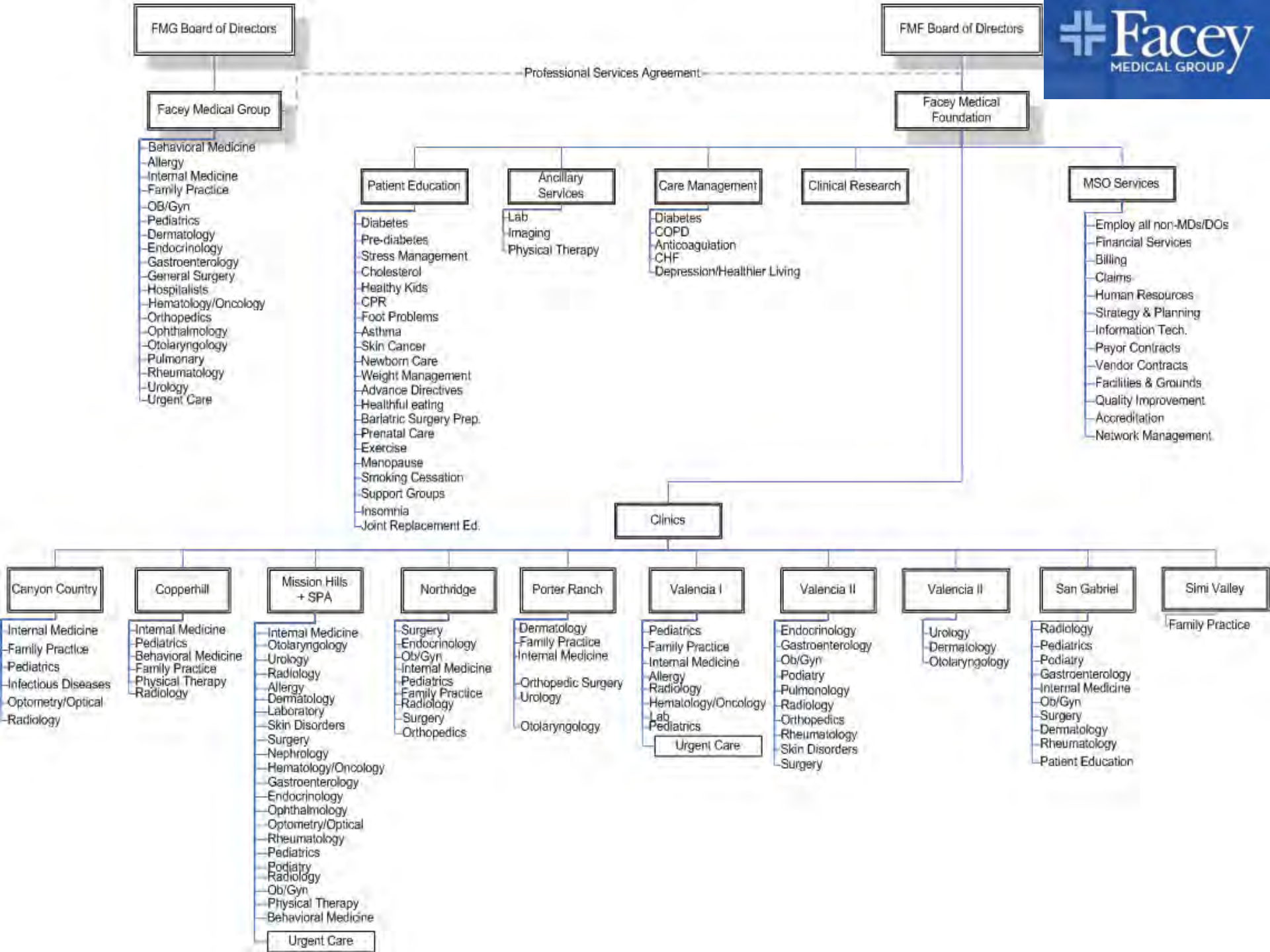
Facey: One Enterprise, Two Organizations

Facey Medical Group

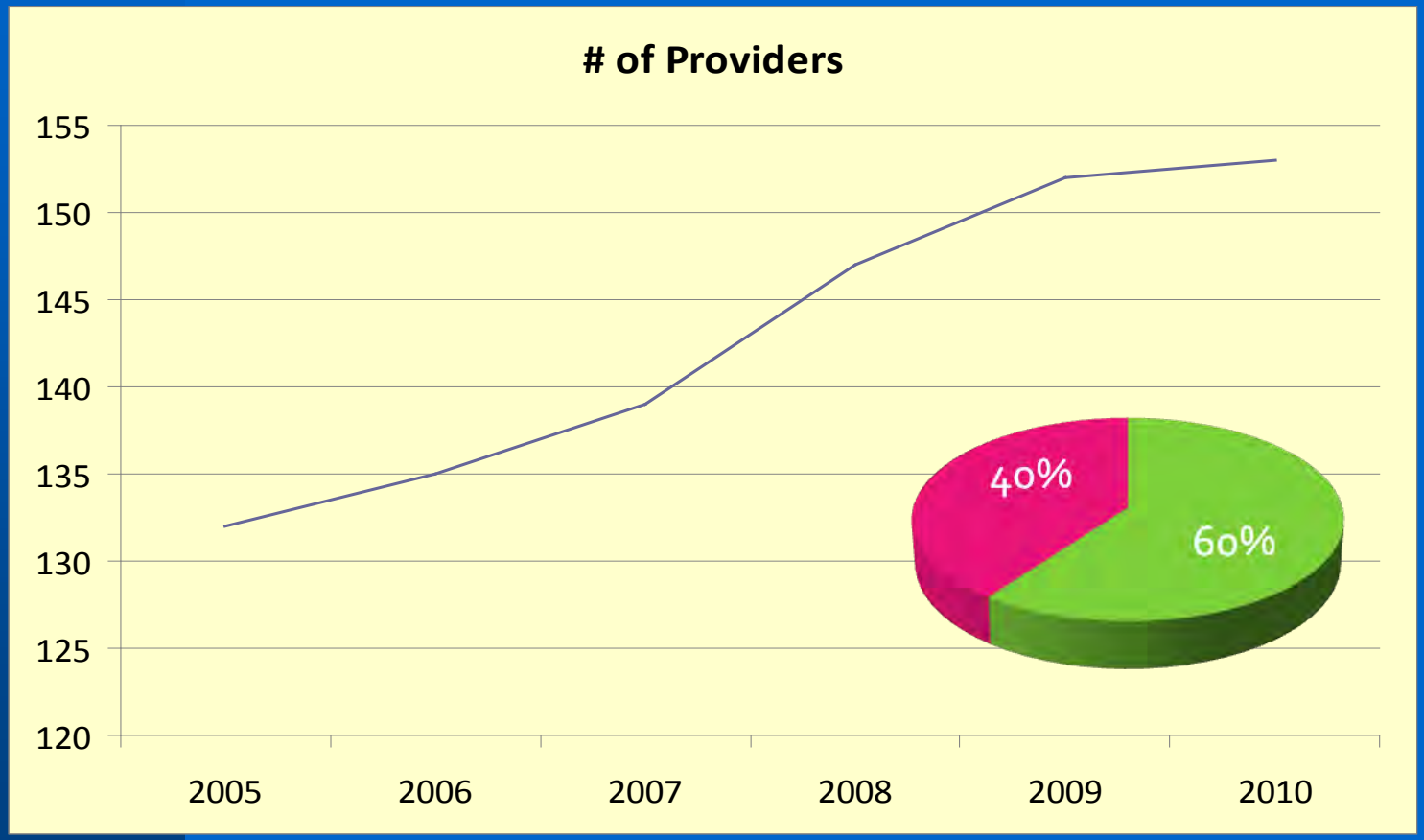
- 88 years in practice
- Professional Corporation
- For Profit
- 155 employed physicians
- 11 clinics
- 3 regions
- Governance
  - 11 member Board of Directors

Facey Medical Foundation

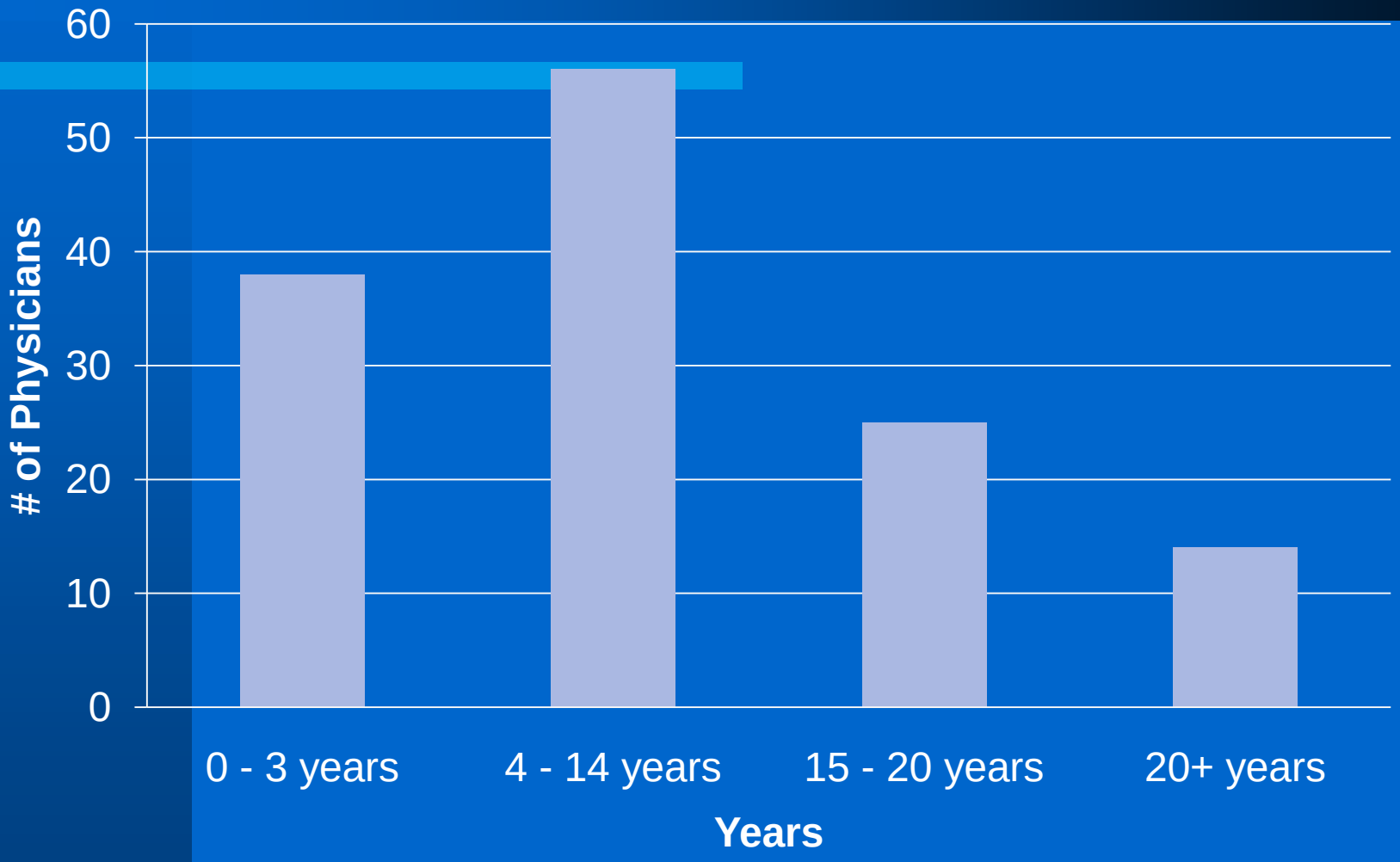
- Not for profit
- $180M+ in annual revenues
- 620,000+ patient visits/yr
- 180,000 active patients
- 105,000 HMO enrollees
- 1000+ employees
- Governance
  - 10 member Board of Directors


FMG Board of Directors
FMF Board of Directors
Facey MEDICAL GROUP
Professional Services Agreement
Facey Medical Group
Behavioral Medicine
Allergy
Internal Medicine
Family Practice
OB/Gyn
Pediatrics
Dermatology
Endocrinology
Gastroenterology
General Surgery
Hospitalists
Hematology/Oncology
Orthopedics
Ophthalmology
Otolaryngology
Pulmonary
Rheumatology
Urology
Urgent Care
Facey Medical Foundation
Patient Education
Diabetes
Pre-diabetes
Stress Management
Cholesterol
Healthy Kids
CPR
Foot Problems
Asthma
Skin Cancer
Newborn Care
Weight Management
Advance Directives
Healthful eating
Bariatric Surgery Prep.
Prenatal Care
Exercise
Menopause
Smoking Cessation
Support Groups
Insomnia
Joint Replacement Ed.
Ancillary Services
Lab
Imaging
Physical Therapy
Care Management
Diabetes
COPD
Anticoagulation
CHF
Depression/Healthier Living
Clinical Research
MSO Services
Employ all non-MDs/DOs
Financial Services
Billing
Claims
Human Resources
Strategy & Planning
Information Tech.
Payor Contracts
Vendor Contracts
Facilities & Grounds
Quality Improvement
Accreditation
Network Management
Clinics
Canyon Country
Internal Medicine
Family Practice
Pediatrics
Infectious Diseases
Optometry/Optical
Radiology
Copperhill
Internal Medicine
Pediatrics
Behavioral Medicine
Family Practice
Physical Therapy
Radiology
Mission Hills + SPA
Internal Medicine
Otolaryngology
Urology
Radiology
Allergy
Dermatology
Laboratory
Skin Disorders
Surgery
Nephrology
Hematology/Oncology
Gastroenterology
Endocrinology
Ophthalmology
Optometry/Optical
Rheumatology
Pediatrics
Podiatry
Radiology
Ob/Gyn
Physical Therapy
Behavioral Medicine
Urgent Care
Northridge
Surgery
Endocrinology
Ob/Gyn
Internal Medicine
Pediatrics
Family Practice
Radiology
Surgery
Orthopedics
Porter Ranch
Dermatology
Family Practice
Internal Medicine
Orthopedic Surgery
Urology
Otolaryngology
Valencia I
Pediatrics
Family Practice
Internal Medicine
Allergy
Radiology
Hematology/Oncology
Lab
Pediatrics
Urgent Care
Valencia II
Endocrinology
Gastroenterology
Ob/Gyn
Podiatry
Pulmonology
Radiology
Orthopedics
Rheumatology
Skin Disorders
Surgery
Valencia II
Urology
Dermatology
Otolaryngology
San Gabriel
Radiology
Pediatrics
Podiatry
Gastroenterology
Internal Medicine
Ob/Gyn
Surgery
Dermatology
Rheumatology
Patient Education
Simi Valley
Family Practice

Provider Growth/Composition



Physician Distribution by Years in Group



FACEY NURSE PRACTITIONERS ROLES

Degree	Physician Type	Primary Specialty	Primary Clinic	Assignment
N.P.	AHP - Pediatrics	Nurse Practitioner - Peds	FMG - Mission Hills	Primary Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Mission Hills	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - Internal Med	Nurse Practitioner - Med	FMG - Mission Hills	Care Extender
N.P.	AHP - Internal Med	Nurse Practitioner - Fam Prac	FMG - Canyon Country	Care Extender
N.P.	AHP - Internal Med	Nurse Practitioner - Fam Prac	FMG - Valencia I	Care Extender
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Coordinated Care Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Coordinated Care Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Anti-coagulation Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Anti-coagulation Clinic

ROLE OF NURSE PRACTIONERS

"…evidence from short-term studies does suggest that the majority of traditional general practice can now be delivered by the nursing profession. However, the scope of general practice today has also evolved beyond the traditional model and the increased community disease burden is most effectively tackled by a multidisciplinary approach….) Elizabeth Woodruff, BJGP

TRADITIONAL OFFICE PRIMARY CARE

COLLABORATIVE PRACTICE

FACEY INITIAL APPROACH

Traditional Office Adult Medicine, Pediatrics, Ob/GYN

Greater autonomy, as defined by the state laws with the scope of practice and prescriptive authority.

Were acting as PCPs

Were likely to treat high-acuity patients.

FACEY TRANSITIONAL/EXPANSION STAGE

Expanding the # of specialties by adding NPs to the General Surgery, Dermatology, and Orthopedics

Expanding the pool of the extenders at the various locations

Continued support for the Coordinated Care Management

FACEY GOAL - Patient-Centered Medical Home (PCMH)

To create, as defined by NCQA, a health care setting that facilitates partnerships between individual patients, and their personal physicians, which is facilitated by registries, information technology, HIE and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

PAULA M. VERRETTE, M.D.
Huntington Hospital
100 West California Blvd., Pasadena, CA 91109
Work Phone: (626) 397-3800
Fax: (626) 397-2904

CURRICULUM VITAE

EDUCATION

June 1975	***Xavier University of New Orleans – BS*** New Orleans, Louisiana
June 1979	***Tulane University School of Medicine – MD*** New Orleans, Louisiana
June 1979	***USC-LAC Medical Center – Internship*** Los Angeles, California
July 1980	***USC – LAC Medical Center – Residency*** Los Angeles, California
July 1982	***USC-LAC Medical Center – Pediatric Chief Resident*** Los Angeles, California

PROFESSIONAL EXPERIENCE

January 2007 - Present	***Chief Medical Officer and Vice President, Quality and Performance Improvement*** Huntington Hospital, 100 W. California Blvd, Pasadena, CA 91109
January 2005 - Present	***Project Director, Healthy Eating Lifestyle Program (HELP - Diabetes)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 2004 - Present	***Project Director, Healthy Eating Lifestyle Program (HELP - Obesity)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1999 - Present	***Medical Director, Pasadena Community Asthma Program (PCAP)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109

PAULA M. VERRETTE, M.D.

PAST PROFESSIONAL EXPERIENCE

January 2003 - December 2006	***Chief of Staff*** Huntington Hospital, 100 W. California Blvd, Pasadena, CA 91109
January 2001 - December 2002	***Chairperson: Quality Management Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1998 - December 2007	***Pediatric Medical Director*** Community Health Alliance of Pasadena (CHAP) 1855 N. Fair Oaks Avenue, Pasadena, CA
March 1997 - December 2007	***Pediatric Consultant*** Pasadena Unified School District Pasadena, CA
November 1983 - January 2008	***Physician*** Pasadena Children's Medical Group 1145 East Green Street, Pasadena, CA
July 1997 - 2000	***Pediatric Medical Director, Huntington Urgent Care*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1997 - December 1998	***Chairperson: Department of Pediatrics*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1996 - December 1997	***Chairperson: Pediatric Credentials Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1993 - December 1995	***Chairperson: Pediatric Quality Management Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109

ACCOMPLISHMENTS

1996	L.A. Magazine, Best Doctors of Los Angeles
1998	Honoree, Huntington Circle Dinner
1999	YWCA – Women of the Year Award
1999	NOVA Award – American Hospital Association
2005	Local Legend Award - American Medical Women's Association
2007	Featured on the TODAY show – Healthy Eating Lifestyle Program

Huntington Hospital
Patient Partners Program

OUR MISSION - to excel at the delivery of health care to our community

OUR VALUES – Respect, Excellence, Integrity and Stewardship

OUR GOALS – improve:

- **Quality Through Operations**
- **Service Excellence with emphasis in Cardiology, Oncology and Neurosciences**
- **Strengthen Physician Relationships**
- **Deepen Community Connections**

Today Huntington Hospital is…..

- Huntington is a 635 bed community hospital, providing a full complement of medical services, and is the only ER in the City of Pasadena.
- Huntington has the only Level II Trauma Center, the only Pediatric Intensive Care Unit, and the only Regional Center Neonatal Intensive Care Unit in the San Gabriel Valley.
- Huntington is affiliated with the University of Southern California Keck School of Medicine for Graduate Medical Education
- Huntington employs over 3,200 people and has over 800 active and provisional Medical Staff

- Huntington's commitment to its community is evidenced by its community outreach programs in health education, free screening programs and Senior Care Network

An Average Day at Huntington Hospital

3 Traumas Daily

165 Emergency Room Visits
44 ER Admits

34 Surgeries (IP & OP)

Average Daily Census = 350
Daily Admissions = 75

4 Cath Lab Procedures

DMC Average
Daily Census = 26
(Behavioral Health
Services)

9 Babies are delivered

Quality

Establish Board Quality Committee – 2005

Adoption of Lean Six Sigma – 2006

Magnet Designation – 2010

US News Best Hospital

STEMI Center

Joint Commission:

- Primary Stroke Center - 2009
- Hip & Knee Certification - 2010

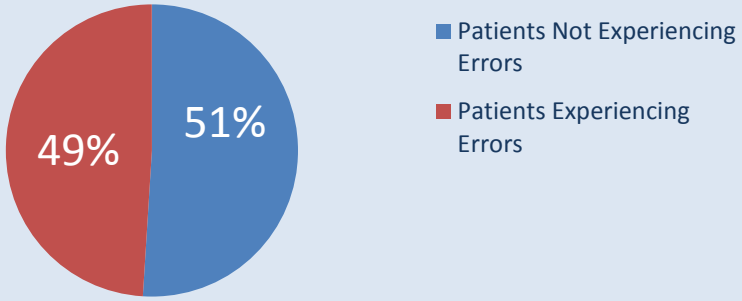
Huntington's Participation in Quality Programs

- Performance Improvement Teams
- Medical Staff Committees with Quality Indicators
- National/State Quality collaborations/benchmarking:
  - Transformation of the ICU (TICU)
  - Critical Care Outcomes
  - Society of Thoracic Surgery (STS)
  - American College of Cardiology (ACC)
  - STEMI Receiving Center (SRC)
  - Center for the Advancement of Palliative Care (CAPC)
  - National Surgical Quality Improvement Process (NSQIP)
  - Neuro Service Line – Get with the Guidelines
  - SCPSC
  - CHAIPI
  - California Hospital Association Reporting Taskforce (CHART)
  - CMS – National Voluntary Hospital Reporting Initiative
  - Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS
  - Agency for Healthcare Research and Quality - AHRQ
  - Leapfrog
  - National Quality Forum – NQF
  - IHI

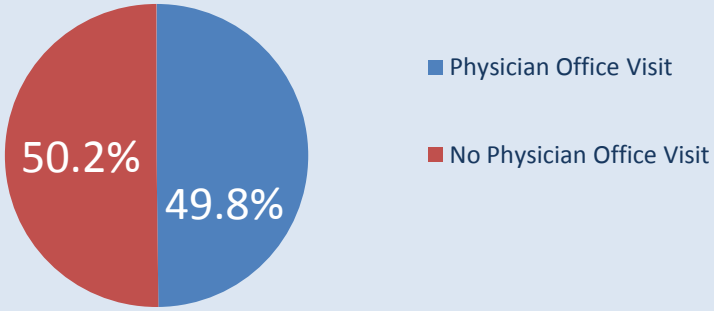
Impact of Care Transitions
Why do we care?

Ignoring Care Coordination
Individual Incentives Reinforcing Silos Across the Continuum

Medical Errors Related to Discontinuity of Care After Discharge to Outpatient Setting



Follow-Up Care Between Discharge and Readmission
Medicare Patients Readmitted Within 30 Days



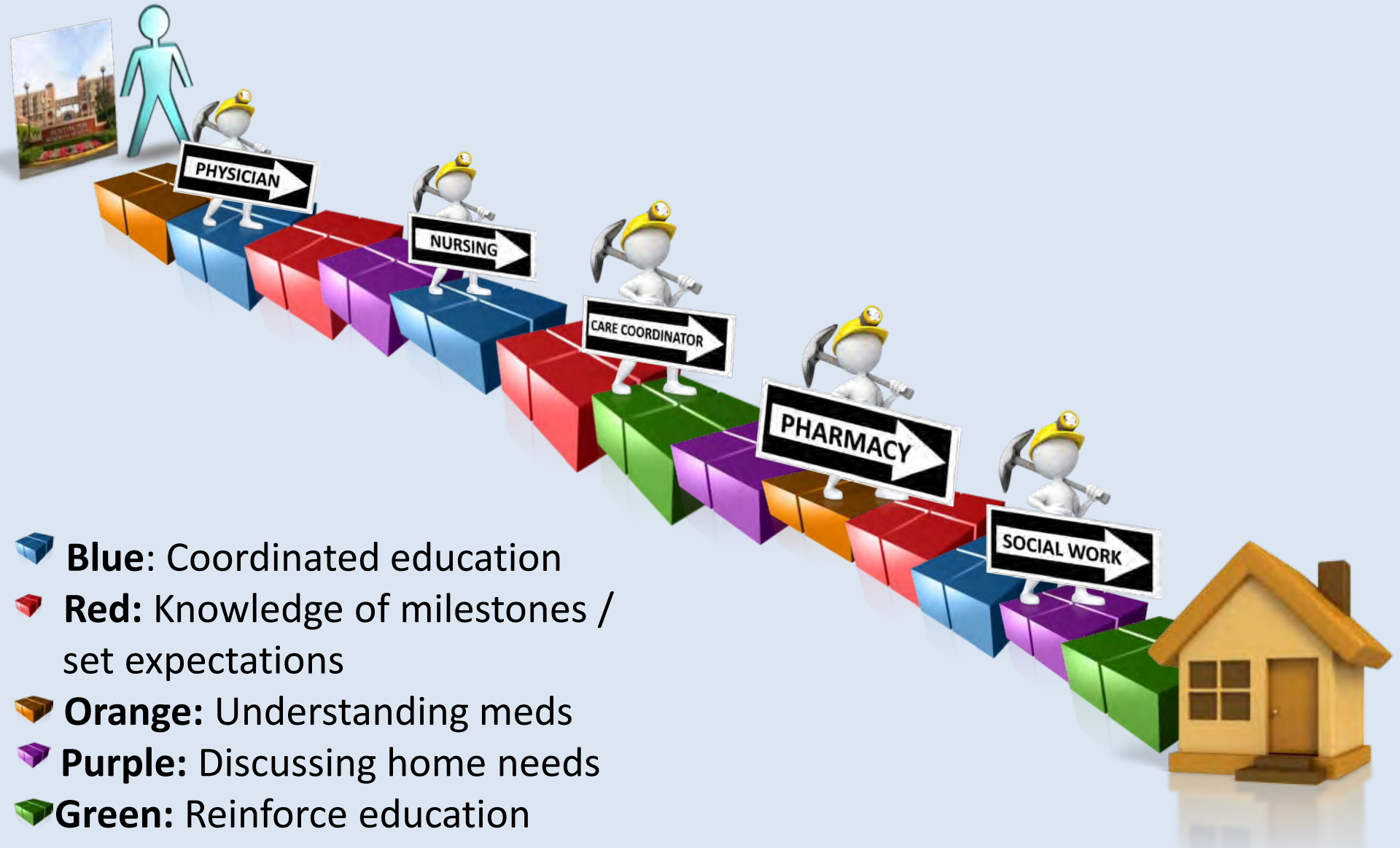
Stronger Coordination Needed

"The health care that Medicare beneficiaries receive is often fragmented as patients move among different physicians and across different care settings (e.g. hospital to home care). As a result, patients do not always receive timely care best suited to their needs. Fragmentation is reinforced by the failure of the current payment system to recognize and pay for care coordination."

Institute of Medicine

ROADWORK:

Navigating From Hospital to Home



- **Blue**: Coordinated education
- **Red:** Knowledge of milestones / set expectations
- **Orange:** Understanding meds
- **Purple:** Discussing home needs
- **Green:** Reinforce education

Outpatient Care Transition Sites

- CHAP (Community Health Alliance of Pasadena)
  - Founded in 1998
  - Federally qualified health clinic (FQHC)
  - Long established relationship with Huntington
  - Large population of patients with chronic diseases
- HACC (Huntington Ambulatory Care Center)
  - Location for resident outpatient education
  - 8,000 visits per year
  - Referral site for CHAP patients requiring specialty care

Patient Partners Program

- Develop role of Health Navigator
  - MSW Credentials
  - Relationship across care continuum
  - Tasked with holistic view
- Create Chronic Disease Clinic in HACC
  - Patient focused team
    - Health Navigator
    - NP
    - MD
  - Coordinate care plan with CHAP providers
- Seamless coordinated outpatient transitions with community partners
- Patient Education

Patient Partners Program

- Phase I: Hospital Phase for HACC and CHAP patients
  - Hospital Resource Coordinator
    - Identifies patient with CHF
    - Refers CHF patients to Health Navigator
    - Shares information regarding hospital course with health navigator
    - Provides detailed list of prescribed medications
  - Assigned Health Navigator meets with patient
    - Reinforces disease education
    - Identifies barriers to adherence to therapy
    - Medication review
    - Establishes longitudinal relationship
    - Facilitates preventative care and healthy lifestyle
  - Patient Education
    - Medication review

Patient Partners Program

- Phase II: Immediate Post Hospital Phase (Health Navigator)
  - Follow up telephone call within 48 hours of discharge
  - Inventory for medication adherence, health status and confirm outpatient appointment
  - Physician consultation if necessary
  - Determine if patient meets home visit criteria
    - Home visits as per protocol

Patient Partners Program

- Phase III: Immediate Post Discharge
  - HACC office visit within 7 days of hospital discharge
  - Patient care team
    - Health Navigator
    - NP
    - MD/Residents
    - Nutritionist
  - Collaborative Care Model
    - Developed by both HACC providers and CHAP providers
    - Best Practice Clinical Pathway
  - Long Term Care Continuum
    - Navigator for life
      - Monitor compliance with preventative health
      - Adherence to recommended care
      - Pro-active support for prescribed physician visits
        - » HACC/CHAP/Specialty Case

Patient Partners Program

- Phase IV: Collaborative Care
  - CHAP responsible for acute and preventative care
  - HACC responsible for Chronic Disease Management
  - Health Navigator
    - Establishes long term relationship
    - Facilitates appointments at both delivery sites

Questions?