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Significant Healthcare Voices



Lara Khouri Continues Her Pediatric Care Journey, Fostering Children's Hospital Los Angeles' Commitment to Providing Care for All

Transcript

[00:00:01] Laura Corey: Children's Hospital Los Angeles has really taken an approach that takes a look at the continuum and also brings prevention and anticipatory care to the table. As a pediatric delivery system, that's what we do. We think long-term and we think about an ounce of prevention being worth a pound of cure. One of the things that we spend a lot of time on is coordination. A lot of our patients need care across diverse subspecialties of pediatrics, so they may need care in our Neurological Institute and care in our Cancer Blood Disease Institute.

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[00:00:58] Narrator: Welcome to the *A&M Significant Healthcare Voices Podcast Series* featuring insights on healthcare trends and hot topics direct from industry leaders.

[00:01:10] Eliza Medeiros: Welcome to *A&M's Significant Healthcare Voices Podcast Series*. I'm Eliza Medeiros, a senior director in the Health Systems Group within A&M's Health Care Industry Group. It is my pleasure to welcome Laura Corey, executive vice president, and chief operating officer of Children's Hospital Los Angeles, to the podcast today. In her role, Laura oversees operational performance across the CHLA enterprise. She works alongside clinical and administrative leaders to develop and improve processes, procedures, and systems, while also addressing patient care needs, patient and team member experience, and CHLA's impact in the broader community.

She also oversees strategy and transformation functions and champions physician alignment, working in close partnership with the academic department chairs and the Children's Hospital Los Angeles Medical Group. I'm very excited to have you on our podcast and eager to hear more from you. Welcome.

[00:02:04] Laura: Hi, Eliza. Thank you so much for having me. I'm so excited to be on the *A&M podcast* and excited to get to have this conversation today.

[00:02:13] Eliza: Lovely. Your healthcare focus is unique in that you've dedicated so much of your career to pediatric care. Before you came to Children's Hospital Los Angeles, you



were at Boston Children's. Can you tell us about your journey in health care and how your focus came to be on pediatric population?

[00:02:31] Laura: Absolutely. It's been such a privilege to get to work in children's health for such a long time. I will say that I kind of stumbled into it, and having had the good fortune of working for three very strong pediatric academic medical centers, I can't really imagine doing much else. Through my work at each of these organizations, I've been exposed to so many different things in different geographies, different markets, reimbursement models, approaches for managing operations, and I've had such an opportunity to get exposed to transformative work across so many different settings.

[00:03:08] Eliza: How has your experience leading high-risk patient care management and cross-continuum clinical integration programs at BCH helped you to now lead efforts in advancing CHLA's number one standing as the pediatric complex care provider in California?

[00:03:25] Laura: Eliza, it's been really wonderful to get to bring experiences that I've had in my previous roles. When I was at the Children's Hospital of Philadelphia, my focus was on a pretty population-oriented set of initiatives. So we got to make a lot of community impact and engage across the continuum. That really started my journey on thinking about how we bring children's hospitals and children's health services from children's hospitals into the community.

Here at Children's Hospital Los Angeles, where I've been for over eight years, I've been able to drive our growth that has really provided better access to children in programs that are really specialized and dedicated to children across the entire continuum of care. I'm excited about a lot of things at Children's Hospital Los Angeles, but one of the things I'm most excited about has been our effort over the last several years to develop and launch our first-ever Behavioral Health Institute. It is one of the most exciting models in children's hospitals across the nation with respect to mental and behavioral health, and so it's a wonderful opportunity for all of that.

[00:04:35] Eliza: In your position, I can imagine that you're always trying to stay just one step ahead and think about what is coming so that your organization can be best positioned. How are you staying prepared for things that specifically impact this pediatric population?

[00:04:54] Laura: Isn't it a goal for everybody in leadership to try to stay one step ahead? For us, and this has been a big learning during the pandemic, the challenge has been to stay a step ahead, but also make sure we're paying close attention and remaining present in the current situation. We've really had to balance our decision-making and found ways to identify opportunities. This is for our strategy community, a longstanding tradition. What are the things that we're not going to regret that we know that we can move forward with even in super-dynamic environments?

Then what are some opportunities that we see that may be driven by current realities while also anticipating what's coming down the pike? It's really thinking in a variety of timelines and making sure that we've got our ear to the ground on what's happening with our workforce and what's happening in our market, while also paying attention to the science and innovation that's bringing the future forward. Trying to seek that balance has been really, really important, looking to the future and also being present in the now.

[00:06:06] Eliza: Very interesting, Laura. Is there an example of this that was the lived experience of CHLA?

[00:06:13] Laura: There are quite a few examples. The one that comes to mind most immediately is the experience that we had in pivoting our strategic planning process, which was in many ways, culminating as we looked forward to our three-year plan when COVID arrived. We had to think about both how the present was different than we had imagined it, and we really relied on identifying some no-regrets efforts, as well as trying to imagine what the future was going to look like given this unexpected shift in interruption. We didn't get it all right.

Certainly, I don't think anyone did, but it did allow us to parse out the way that we were thinking about our planning and responding to the here and now while also thinking about what the future might hold.

[00:07:11] Eliza: Following that theme of preparedness and pivoting, I think everybody saw during the pandemic that we needed to both be prepared and ready to pivot at a moment's notice. Today, the gaps in resources and capacity for taking care of kids has only gotten bigger as we continue to see closures, reductions in pediatric beds. How are you dealing with this on the local level?

[00:07:36] Laura: Eliza, we could spend hours talking about how effective the COVID experience was and how effective the pandemic was in revealing gaps, whether it was relative to capacity, capabilities, disparities in care, disparities in access. What we hold on to and what was made really clear in the pandemic is that children's hospitals are a really essential resource for children and youth. That was made very visible during the pandemic when families really trusted their children's hospitals and Children's Hospital Los Angeles was able to be a responder for children and youth at a moment where kids were not always at the forefront.

Now we're finding ourselves in a world where, whether it's because of financial dynamics or workforce shortages, the unique and deep level of specialization that's required to take care of children, there is a consolidation and a contracting of pediatric resources in the community. Whether they're pediatric units, pediatric critical care units, we're seeing a lot of closures that's happening here in Los Angeles, it's happening nationally. These are meaningful losses.

It's really going to be up to Children's Hospital Los Angeles and our peer institutions around the country who see and take very seriously our responsibility for children to start to imagine what access to care looks like and adequate and excellent access to care looks like for children. We are definitely seeing our census levels rise. Many of our peer institutions are as well. Not clear yet how much that has to do with the reduction in pediatric capacity in other environments, but it's certainly calling on us to do what we do best, which is to take care of children.

[00:09:33] Eliza: You mentioned your work in mental health at the beginning, pediatric mental health to be specific, and we've seen an uptick in mental health issues taking a toll on our youth. In addition to the pandemic, other challenges seem to be showing an increase in depression, anxiety, ADHD, among other issues. How is CHLA dealing with these issues? What do you see as a path forward to help and provide the right support? and services for children, for our pediatric population?

[00:10:04] Laura: It's such an important issue, Eliza, and I'm really glad that you're raising it. We identified the need to have a concerted, expansive, cross-continuum, culturally competent response to the behavioral and mental health needs of our youth before the pandemic. We started really expanding our behavioral health work in 2018 and we're glad we did because the pandemic really accelerated something that seemed to already be happening.

We're proud of the response that we've had, and I'll say I'm proud of the response that children's hospitals have had more broadly. Children's Hospital Los Angeles has really taken an approach that takes a look at the continuum and also brings prevention and anticipatory care to the table. As a pediatric delivery system, that's what we do. We think long term and we think about an ounce of prevention being worth a pound of cure.

We developed our behavioral health institute, which has really ramped up access to care in a way that is targeted to what patients and families need. Whether we're talking about care that's happening in the primary care setting, we have partnered with pediatricians in our CHLA care network to integrate and co-locate behavioral health professionals to provide care side by side with pediatricians in those practices. Which are environments that patients and families are used to and comfortable with and connected to in a longitudinal way.

We've also created capacity for more specialized care, whether it's youth and children who are coming to our emergency department in crisis or services around dynamics like eating disorders and other mental behavioral health concerns that may be comorbid with care that we're already providing for cancer care, neurological care or that stands on its own. We want to put the right care at the right place at the right time and it's no different for us when we think about behavioral and mental health services. There's no lack of need.

Our most recent community health needs assessment really dug in and we found that as many as 46% of Californians reported experiencing anxiety or depression in 202. Well over a quarter of teens reported needing help with emotional or mental health, so we're working very, very hard to target those needs and make sure that we're bringing expert pediatric capacity to address them.

[00:12:44] Eliza: Thank you. Laura, let's pivot a bit and talk about patient experience, what that means for you, your very specific patient population. How do you ensure that CHLA's operations and experience match the needs of your patients?

[00:13:02] Laura: Meeting the healthcare needs of our community is fundamental to the mission of any healthcare organization and especially Children's Hospital Los Angeles. One of the things that makes working at CHLA so thrilling for so many of us is the fact that at our organization's core, we're committed to supporting access to care for the underserved. What that means is that we have to pay special attention to meeting those needs in appropriate ways, so we support a significant investment in language and cultural services, interpreter services, translation.

It also means that we make every effort to support a patient care team that reflects the diversity of the patients that we serve. That starts with how we hire leaders, and it's also taking shape in how we recruit budding pediatricians and healthcare professionals of the future, and the work that we do in training and education at Children's Hospital Los Angeles with a hope that we also create an opportunity for those professionals to build a career at our institution.

We also recognize that for families we have to develop programming that wraps around their needs, whether it's getting them enrolled in Medi-Cal for the first time or supporting their needs with social work and other resources that are driven by the social determinants or barriers to care. We've also brought a increasing level of focus to patient and family experience, which we really see as an aspect of equity through our enterprise strategic plan.

Our plan created a space for us to really focus on patient family experience as a differentiator, and we're excited because that work is going to continue to grow. We expect that it's going to be central to what we focus on because ultimately patient family experience

is an element of care, quality, and safety and it also if we do it right, eliminates barriers to access. So we see it as really essential to our mission.

[00:15:01] Eliza: Laura, that's so interesting. Can you elaborate a little on what that patient experience looks like today?

[00:15:08] Laura: One of the things I think a lot about, and it's a hallmark of Children's Hospital Los Angeles in particular is the intersection of caring for patients who have really substantial clinical complexity, who at the same time are facing socioeconomic and social barriers to care and other resources. One of the things that we spend a lot of time on is coordination. A lot of our patients need care across diverse subspecialties of pediatrics, so they may need care in our Neurological Institute and care in our Cancer Blood Disease Institute. They may need or benefit from personalized care through our Center for Personalized Medicine.

It's such a privilege to get to bring all of these very specialized services to patients who have clinical complexity. That can also present a lot of challenge when you think about how that care gets coordinated across those subspecialties. For our population and for many populations, you layer onto that, the challenges that they face with respect to food security or shelter or mental behavioral healthcare needs. One of the things that we really pride ourselves on is focusing on how that care gets coordinated across those subspecialties while also bringing to their multidisciplinary care, whether it's through the addition of social work or nutrition services, or pharmacy services.

Maybe there's a need for a psychologist or for connection to resources in the community. For us, that coordination that cuts across the clinical spheres, as well as the disciplinary spheres, is a really important hallmark of what we do. It makes a huge difference in terms of the experience that patients and families have relative to how seamless their care can be and how we take a long-term view on their care plans.

[00:17:19] Eliza: One final question while I have you here, Laura. Are there fundamental changes that you are seeing coming down that are going to change the way care is contemplated and provided for this population, and what lessons have you learned in this role and your prior roles that you would share with your peers to help improve the care for children?

[00:17:43] Laura: It's such a great question. I think for many of us, we hope there are fundamental changes that are coming down the pipe because there's so much opportunity for improvement. One of the areas that, a focus that has really been advanced and accelerated as a result of the awakening that we've had around disparity and racism has been our work on diversity, equity, and inclusion.

It's wonderful for us to think about it at the high level, but what I'm starting to see is that it's become an essential value for us, and where we can deepen that work in our clinical care in thinking about our workforce. There I think some special opportunities with respect to research and training. How we couple the unique opportunity that we have at Children's Hospital Los Angeles to care for such a diverse population in a huge city that boasts such beautiful diversity is really, really special.

Children's Hospital Los Angeles was among the first pediatric academic medical centers in the nation to have its own dedicated office of diversity, equity inclusion which we established in 2019. This decision turned out to be prescient, and the office is now making really significant progress in supporting belonging for team members. We have a year-round speaker and training series for all of our team members and faculty.

We support six employee resource groups and two affinity groups that when we combine them, they include a membership of about 10% of the organization, so there's a lot of engagement. CHLA ranked among the top 20% of organizations who participated in the inclusion index. That included a number of Fortune 500 companies, and CHLA was also named one of the top 75 companies for executive women and multicultural women by Sarah Working in this domain is something that we've been really committed to and we're really excited to see good progress.

That creates a foundation for us to really think about equity and disparity among patient populations as well as how this plays out in our hiring practices and workforce engagement. One of my favorite statistics, when we think about how we really make an a difference in this regard is in thinking about trainees. Our pediatric residency program has focused on the diversity levels of incoming classes and established a diversity and inclusion in mentoring program. I'm really excited to say that for the '22-'23 class, our CHLA interns are 25% more diverse than the national average, and 16% more diverse than the national average for residents.

We've really been able to attract and engage with a diverse trainee workforce, which is really, really exciting. We also have recognized that diverse patient population that we serve allows us to differentiate the way that we think about research. Well over a quarter of all grant proposals from CHLA for funding over the last five years focused on some aspect of promoting health equity within marginalized communities. Since 2017, we've secured \$168 million in research funding that resulted in studies being carried out that are going to impact the diversity, equity, and inclusion components of healthcare, treatment, delivery, or other aspects.

It's a pretty exciting opportunity that we have to marry a really substantial research enterprise. We've got about 350 funded scientists and physician-scientists who are actively engaged in research designed to find promising new treatments for children through our Saban Research Institute. We are advancing national and international work that will make a difference in the field. Bringing all of these things together and integrating a commitment to diversity, equity, and inclusion has been really great and it's one of the most exciting things that I see coming down the pike, that if we do it right, we'll make a fundamental shift that will make a really, really big impact.

[00:22:00] Eliza: Laura, this has been such a great conversation. Thank you for taking the time and sharing your insights and experience, and thank you for taking care of this population so well. To everyone who joined us, thank you for listening today. For more information about A&M and to find our podcast, please visit www.alvarezandmarsal.com/healthcare. Laura, thank you.

[00:22:28] Laura: Thank you, Eliza.

[music]

[00:22:38] [END OF AUDIO]

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