

pulse

90 YEARS OF CARING FOR OUR COMMUNITY

FEATURED IN THIS ISSUE: Philanthropic partnerships | Ohana: Hope and healing's brick and mortar
A community coalition in the fight against fentanyl | Aspire Health celebrates 10 years

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2024



From the President/CEO

This year we celebrate Community Hospital of the Monterey Peninsula's 90th anniversary and our unique history, local roots, and philanthropic partnerships that have driven growth and innovation from the very beginning.

Today, Montage Health provides the community with a robust range of services that promote the pursuit of optimal health, including our expansive network of excellent doctors and clinicians, a comprehensive continuum of high-quality care options, and programs, classes, and groups that enhance the health and well-being of our community.

Starting with the donated land our hospital sits on, partnerships between our community's passionate philanthropists and our organization's leaders have resulted in innovations that have transformed Monterey County's healthcare landscape over the past 90 years.

This edition of *Pulse* details some of those innovations, including a significant expansion of our outpatient Supportive and Palliative Care services, Ohana's unparalleled healing environment, state-of-the-art hybrid operating rooms at Community Hospital, and new technology that increases human interaction and improves patient care.

Also included is our work to engage schools and organizations across Monterey County in the fight against the opioid epidemic. Our Prescribe Safe program and Ohana have developed a countywide coalition to educate youth about the dangers of substance use, particularly deadly opioids such as fentanyl.

Montage Health Foundation's Minorities in Medicine program cultivates future homegrown healthcare professionals by supporting underrepresented and low-income county residents and students with mentorship, financial assistance, and hands-on clinical experience. You will read how one Minorities in Medicine program scholar turned his medical school dreams into a reality.

We are also celebrating the 10th anniversary of Aspire Health Plan. In the past decade, the health plan has evolved into Aspire Health, a resource that enhances our community's well-being through health programs and health plans. Two health plan members and one staff member who have been with Aspire through it all share their experiences.

On behalf of everyone at Montage Health, thank you for your partnership throughout the past 90 years. We are grateful to continue our partnership for the next 90 years and beyond.

Steven Packer, MD
President/CEO
Montage Health

ON THE COVER

New hybrid operating rooms at Community Hospital of the Monterey Peninsula continue Montage Health's 90-year history of innovation. Read more on page 20.



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Contact us: pulse@chomp.org | (831) 625-4505

To receive, cancel, or change a subscription, or to receive *Pulse* online:
subscriptions@chomp.org | (831) 658-3630

EDITOR: Austin Shilstone

DESIGNER: Nicole Pahl

WRITERS: Mary Barker, Brenda Moore, Austin Shilstone, and Dennis Taylor

PHOTOGRAPHERS: Paul Black, Scott Campbell, Alex Garcia, Erika Houseman, and Kelly McCord

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90 YEARS OF CARING FOR OUR COMMUNITY





Community Hospital of the Monterey Peninsula's rich local history, powered by visionary leaders and philanthropic partnerships

Community Hospital of the Monterey Peninsula celebrates 90 years of caring for the community this year. Since its 1934 genesis as a 30-bed general hospital in Carmel called Peninsula Community Hospital, visionary leadership and local philanthropic partnerships have resulted in major innovations and milestones that led the hospital to where it is today — a community-wide healthcare system that continues to meet the area's growing needs.



Throughout Community Hospital's history, philanthropic partnerships such as those with Maurine Church Coburn, Samuel F.B. Morse, and so many others have set the stage for the hospital to do truly great things for the community. We wouldn't be where we are today without members of our community supporting and partnering with us. These community-based relationships enable Montage Health to evolve for the greater good of the community.

— Michele Melicia Young, Montage Health Foundation Director



Local roots

Community Hospital got its unofficial start in 1929 as a metabolic disorders clinic in Carmel, established through an endowment by Grace Deere Velie Harris, granddaughter of John Deere and an heir to the John Deere tractor fortune. Five years later, in response to the community's changing needs, the clinic converted to Peninsula Community Hospital.

Setting in motion the events that led to modern-day Community Hospital was a profound philanthropic partnership between Tom Tonkin, Community Hospital's first CEO, and Samuel F.B. Morse, founder of Del Monte Properties Company, the predecessor of the Pebble Beach Company. As the Monterey Peninsula blossomed and bustled, Tonkin and Morse recognized that the hospital needed to expand to continue meeting the community's growing needs. So, in 1955, Morse donated 22 prime, pine-tree-filled acres in the Del Monte Forest for the hospital's building site.

In 1961, Peninsula Community Hospital's name was changed to Community Hospital of the Monterey Peninsula, and one year later, Community Hospital opened its 100-bed, 210,000-square-foot building on Holman Highway. The facility cost \$3.5 million, most of which was raised from community donations. In 1971 the hospital added its iconic dome over its fountain court and 72 rooms, including a mental health unit, and community contributions funded half of the \$4 million project.

A philanthropic vision for Community Hospital's future

Today, Community Hospital's patients, visitors, and staff enjoy an environment unlike any other hospital. In a lobby that feels more like a living room, music — sometimes live — harmonizes with a bubbling fountain. Thoughtfully curated art adorns almost every wall, buffering the routine stress of a hospital visit with inspiring moments of calm reflection and





peaceful energy. Mid-century modern architecture situated within a meticulously landscaped, pristine forest provides the building's occupants with views of nature from nearly every window.

"I have practiced in hospitals across the country, and there is no other hospital where I'd rather work," says Dr. Jon Benner, a surgeon who joined the hospital's medical staff in 1980. "While there are many great hospitals, this is by far the most pleasant space in which I've practiced — and that has been because of the people, too."

This unique healing environment was established with intention thanks to Maurine Church Coburn, wife of Morse and friend of Tonkin. Coburn, who died in 1977, was on the Board of Trustees when the new hospital was being developed and was integral in selecting the architect, Edward Durell Stone, to guide the hospital's design.

Coburn's legacy endures today through an endowment she started with the goals of creating a healing environment through art, architecture, and music, empowering future generations of healthcare workers, and supporting patients in need.

Coburn believed what later studies would prove: Creating a healing environment in healthcare spaces improves patient outcomes and promotes patient and staff well-being. She believed such an environment was the perfect complement to the high-quality medical care patients would receive.

The Maurine Church Coburn endowment supports Montage Health's healing spaces through programs and services

Pictured: Photographs from Community Hospital's archive. Included are the hospital's building site before construction began, the iconic fountain court before the building was constructed around it in 1971, and a vintage rolling library at a patient's bedside.



Maurine was a humanist. She was passionate about supporting the health of our community, whether that was through professional growth, education, the arts, or compassionate healthcare. She saw how these things work together.

— Dr. Steven Packer, President and CEO of Montage Health



including the Community Music program that features soothing live music in the hospital’s fountain court and skilled nursing facility, the Art Program, which brings art to the walls of all Montage Health facilities, and the hospital’s landscaping, which matches the building’s physical imprint with the natural beauty of the surrounding area.

Grateful for the care and compassion she was shown by Community Hospital’s nurses toward the end of her life, Coburn partnered with Tonkin to bring about the Maurine Church Coburn School of Nursing at Monterey Peninsula College. Established nearly four decades ago through her endowment, the school has graduated more than 1,600 registered nurses, many of whom have stayed to care for Monterey County communities.

The Maurine Church Coburn endowment also supports Community Hospital’s Sponsored Care program, providing free and significantly discounted care to patients in need.

“Maurine was a humanist,” says Dr. Steven Packer,

President and CEO of Montage Health. “She was passionate about supporting the health of our community, whether that was through professional growth, education, the arts, or compassionate healthcare. She saw how these things work together.”

“Throughout Community Hospital’s history, philanthropic partnerships such as those with Maurine Church Coburn, Samuel F.B. Morse, and so many others have set the stage for the hospital to do truly great things for the community,” says Michele Melicia Young, Montage Health Foundation Director. “We wouldn’t be where we are today without members of our community supporting and partnering with us. These community-based relationships enable Montage Health to evolve for the greater good of the community.”

Evolving in partnership with the community

Since its inception, Community Hospital has evolved in lockstep with the community’s growing needs.

"Philanthropy has fueled innovation and progress at Community Hospital," Packer says. "That has made our healthcare team's experience here an extremely positive one, and that of course translates to excellent care for patients because they have extremely skilled clinicians using state-of-the-art medical devices that are usually only found in big-city hospitals."

Community Hospital's roots run deep on the Monterey Peninsula and throughout the county. "We take the word 'community' in our name very seriously," Packer continues. "Montage Health's expansive network of doctors, nurses, therapists, and many other care providers practicing in close-knit Monterey allows for more personal relationships between patients and care providers. When you're treating a patient in such a close community, that patient might be your child's teacher or the cashier at your local grocery store."

That special connection translates to uniquely personal care. "We're caring for our friends, acquaintances, neighbors, and relatives," Packer says. "We're a healthcare system started by members of this very community, and our local roots are foundational to who we are today."

To learn more about Community Hospital and Montage Health's history, visit montagehealth.org/history.



Jay Hudson, Tom Tonkin, and Dr. Steven Packer

A PASSION FOR EXCELLENCE

Community Hospital has had only three CEOs in its history: Tom Tonkin, the hospital's first CEO; Jay Hudson, who joined the hospital in 1968 as Assistant Administrator, later taking over for Tonkin in 1990; and Dr. Steven Packer, Community Hospital's current and third CEO, who succeeded Hudson in 1999 after a term as the hospital's Chief of Staff.

"To only have three CEOs over such a long history is pretty unique," says Hudson, who worked closely with Tonkin and who still lives locally. "Tom Tonkin had a passion for excellence." A passion that he passed on to his two successors.

Their pursuit of excellence is rooted in a commitment to their community, striving to provide the highest-quality care and a work environment that offers prosperity to its staff. That commitment lives on today.

"We enjoy great tenure among our staff," Packer says. "Many of our employees have been with us for 20, 30, 40-plus years. That speaks to the fact that throughout our history, we have created an environment in which people want to work. And when our staff thrives, that translates to better patient care and outcomes."

“

It was mom's last wish to help people with in-home palliative care; she was adamant about it.

— David Hicks, son of Leslie Silver Snorf

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Palliative care can be a difficult thing to get people excited about or interested in, but it is so important and so helpful to the people who access it.

— Jackie Wendland

”

New outpatient office for Supportive and Palliative Care services



Philanthropic partnerships expand outpatient palliative services at Community Hospital

Community Hospital of the Monterey Peninsula's roots are firmly planted in partnerships with the community, and these partnerships remain one of the organization's defining traits. Take for example two present-day philanthropic visionaries — the family of Leslie and Dr. Charles “Charlie” Snorf and Jackie Wendland, Monterey County residents who shared an inspired ambition for growing Montage Health’s palliative care services.

Palliative care supports patients and their families who are living with a serious or life-limiting illness, focusing on helping them feel comfortable and in control of their health. “Each patient is treated as an individual,” says Ramona Thurman, Community Hospital’s Supportive and Palliative Care Manager, “and their care incorporates their values, the things that bring them joy, and their own definition of quality of life. Our goal is to maximize the good in their life while they are living with serious medical challenges.”

With a deep understanding of the increased quality of life, comfort, and peace of mind that palliative care brings patients, the family of Leslie and Charlie Snorf and Jackie Wendland individually

partnered with Montage Health Foundation to increase access to palliative medicine.

Thanks to their support, Community Hospital’s outpatient Supportive and Palliative Care services have dramatically expanded.

In addition to accommodating more patients, the hospital’s palliative outpatient enhancements reduce the burden of illness and increase quality of life for patients, families, and caregivers. They also improve end-of-life care and timing for hospice transitions, and improve goal coordination during healthcare setting transitions.

The expansion can reduce emergency department visits and hospital stays, and enables the hospital’s palliative medicine experts to provide some of the palliative care duties that might sometimes fall on primary care doctors or specialists.

Meet the family of Leslie and Charlie Snorf as well as Jackie Wendland, and learn about the events that inspired them to partner with Montage Health Foundation to make their palliative care visions a reality.



Dr. Charles "Charlie" Snorf and Leslie Silver Snorf

RESPECT AND DIGNITY FOR PALLIATIVE CARE PATIENTS

Leslie Silver Snorf's philanthropic vision

Trying to cobble together a decent living during the Great Depression, Arnold Silver was undefeated in his first 13 welterweight bouts. But after his last fight — after paying the corner guy, the cut man, the trainer, and the manager — he was left with only \$1.50. "And he couldn't remember where he lived," says his grandson Kevin Hicks, recalling the pounding boxers take in the ring. "So, he decided it was time to do something else."

Arnold put himself through night school, where he earned a master's in business administration and eventually became Vice President of Transportation for Goldblatt's Department Store. His daughter, Leslie, was

not born until 1942, but she heard her father's stories, and then watched him continue to build a strong foundation for their family.

That determined journey inspired Leslie. She was proud of her father. And when Leslie Silver Snorf passed away in 2022 at the age of 80, all those humble, early lessons were deeply embedded in the \$250,000 gift she and her husband, Dr. Charlie Snorf — a longtime Monterey Peninsula orthopedic surgeon, who died in 2020 — made to Montage Heath Foundation.

"It was mom's last wish to help people with in-home palliative care; she was adamant about it," says her son

David Hicks, one of five siblings — Kevin, David, and their stepsisters Carolyn Akcan, Susan Lansbury, and Cynthia Livermore — determined to honor Leslie and Charlie's legacy.

And it is something our dad "would have been all in on as well," Carolyn says.

"Because of dad's history as a doctor at Community Hospital," Cynthia says, "it felt like it made sense to honor dad's history and Leslie's passion to help more people."

As Leslie battled cancer, her vision became laser-focused. This is where the money would go — must go. Her passion was additionally informed by her service on Montage Health's Board of Trustees for three years and as a founding member and board chair of Montage Health Foundation's Board of Trustees for six years.

"To have had the privilege of working with such a compassionate individual and fierce healthcare advocate is an honor for which we are so grateful," says Kevin Causey, Vice President and Chief Development Officer for Montage Health. "The impact of Leslie and Charlie's legacy will be felt far into the future."

For Leslie, it was not just about the patients, but rather the circle of support that forms when someone faces a life-limiting diagnosis.

"Our mom saw what palliative care did for her. She considered herself very fortunate," David says. "Medical challenges, whether you're with people or not, are a lonely time. And she felt that. So, her big idea was about inclusivity, about building teams and making sure people felt heard and seen."

"And would be treated with respect and dignity," Kevin adds.

The Snorf Fund gift — donated by all five children in honor of Leslie and Charlie — is being used to increase Community Hospital's outpatient palliative capacity by 600 percent. Outpatient care is provided in a setting that best suits the patient's needs and wishes, such as at home, in a care facility, or at the outpatient clinic. It includes expert symptom management, caregiver education and counseling, care goals, telehealth appointments, and psychosocial and spiritual support.

Giving to others. That's what guided Leslie and Charlie.

"My dad worked at Community Hospital starting in 1963," Susan says. "He was a physician in the community as well as on call at the hospital. He was very aware of the commitment it takes to help other people. In Leslie's case, she was a very generous person with her time and her energy. Together, they were very committed to helping others and to the Montage Health and Community Hospital community."

"Essentially, this was mom's dying wish," Kevin says. "She knew it was a tough world. She grew up in humble circumstances. It's great that she got to a place where she could give her life force to this community. She never forgot where she came from, and she was such a great model for how to live in the world."



To have had the privilege of working with such a compassionate individual and fierce healthcare advocate is an honor for which we are so grateful. The impact of Leslie and Charlie's legacy will be felt far into the future.

— Kevin Causey, Vice President and Chief Development Officer, Montage Health





Palliative care philanthropic partner Jackie Wendland with Community Hospital's Supportive and Palliative Care Manager Ramona Thurman (left) and Director of Care Coordination Services Cara Allard (right).

FROM PALLIATIVE CARE ADVOCATE TO PHILANTHROPIC PARTNER

Jackie Wendland's palliative care passion

When Jackie Wendland's husband Mark returned home one evening from his job as a chaplain at Community Hospital of the Monterey Peninsula in the early 2000s, he told her about a new service the hospital was starting: palliative care.

Since learning about the service nearly two decades ago, Wendland has become a force for palliative care advocacy. "I'm quick to share about palliative care with someone if it seems like it might benefit them," Wendland says.

That is exactly what she did for one friend, Sarah, who suffered from chronic obstructive pulmonary disease (COPD), chronic joint pain, and behavioral and mental health challenges. Wendland recalled how COPD forced Sarah, who was homeless, to carry an oxygen tank everywhere she went. Sarah received shelter and meal support from local nonprofits I-HELP and Gathering for Women, but Wendland recognized that Sarah needed additional healthcare support and knew that palliative care could be that help.

"I thought palliative medicine might make her life more comfortable," Wendland says. "I joined her first few appointments, and the first thing they did was introduce her to new pain management techniques that immediately made her feel so much better."

Palliative medicine brought comfort and security to Sarah's life. "It truly increased her quality of life and was also a place where she could check in every so often," Wendland says.

A few years later, one of Wendland's dearest friends, Mary, began losing her balance and falling frequently. Having been diagnosed with a rare neurodegenerative disorder, Mary eventually required a wheelchair and 24-hour care. Wendland suggested palliative care to Mary and her husband, who was there by Mary's side through everything and equally grateful for the relief palliative care brought.

"It was a relief for Mary and her husband, and for Sarah, to have a team of professionals caring for them,"

Wendland says. "They were vulnerable, and that care brought them comfort, both physically and emotionally. When it came time for hospice for both Sarah and Mary, Community Hospital's palliative care team helped them transition to that next level of care."

After witnessing palliative medicine increase the quality of life for two of her closest friends, Wendland was inspired to make these outcomes possible for more Monterey County residents. Through Montage Health Foundation, she made a significant multi-year pledge to support the growth of this important service. This generous gift, accompanied by a major donation from the Hicks-Snorf family, enabled Community Hospital's Supportive and Palliative Care services to undergo significant expansion.

"Patients deserve to receive care in a setting that fits their unique needs, wants, or requirements," says Dr. John Hausdorff, Community Hospital's Supportive and Palliative Care Medical Director. "Palliative patients now have increased access to more appropriate care settings thanks to the remarkable partnerships and generosity of Jackie Wendland and the Hicks-Snorf family."

In addition to major contributions, countless smaller community gifts, often made in honor of a loved one or special healthcare provider, also help provide meaningful support for programs like this.

"Palliative care can be a difficult thing to get people excited about or interested in," Wendland says, "but it is so important and so helpful to the people who access it. I appreciate that now more people can benefit from this service, and I hope the program's expansion also increases awareness of this life-changing service in our community."

Visit montagehealth.org/palliative to learn more about Community Hospital's Supportive and Palliative Care services.



Is palliative care right for me?

Palliative care may be right for patients who suffer from pain, stress, or other symptoms due to a serious illness.

Serious illnesses may include:

- ALS
- Alzheimer's
- Cancer
- Heart disease
- Kidney disease
- Lung disease
- Multiple sclerosis
- Parkinson's

Community Hospital's palliative medicine experts can help patients:

- Ease pain, discomfort, and other symptoms
- Understand their illness and treatment options
- Make decisions about care according to the patient's priorities and values
- Communicate with the patient's doctors and other care providers
- Manage anxiety, stress, and depression

Doctors can refer patients to Community Hospital's Supportive and Palliative Care services, or patients can call (831) 625-4975.



We have this saying here, that the building is our partner in healing. When people come in, immediately their nervous system calms down a notch. They say, 'It's so peaceful in here.'

— Krista Reuther, Assistant Director of Community Health and Prevention for Ohana



Ohana: Hope and healing's brick and mortar

SOFT EDGES AND SUNSHINE BRING PEACE AND POSSIBILITY

Look left. Look right. Look anywhere really — even over there under the reception desk — and you will see it. Or simply stand where you are and feel it. The warm embrace. The rays of brightness. Almost every room in these 55,600 square feet has access to sunlight.

Everyone is here to build a foundation for mental fitness. Some will come amid scattered showers. Others will feel caught in a torrential downpour. But the skies are clearing because Ohana — Montage Health's innovative child and adolescent mental health program — officially opened its building doors just before the 2023 holidays.

With that opening came a new possibility of peace for those in crisis, in pain, and those who would go to the mat for their struggling youth — if only they knew how.

Now they will. That is just as Bertie Bialek Elliott imagined when she donated nearly \$106 million to Montage Health Foundation for the project back in January of 2018.

You could say this place, winding its way through the hills just off Highway 68 in Monterey, has sunshine in every corner. But there are no corners. By design.

It's serpentine sunshine. Sunshine in the parking lot. Sunshine in patient rooms. And those who work here lasso it relentlessly. They know it brings the energy of healing. And the power of hope.

Those two things — hope and healing — drive everything here.

It started with the ideal architect — Seattle-based NBBJ — a group that immediately understood the need to create a very different, award-winning kind of building. "We have this saying here, that the building is our partner in healing," says Krista Reuther, Assistant Director

Left: Kara Maria (American, born 1968), *Here Comes the Sun* (Sierra Nevada red fox), 2022. Acrylic on canvas, 74 x 50 in. (187.96 x 127 cm). Montage Health Art Collection, Commission made possible by the Maurine Church Coburn Endowment Fund, 2022. © Kara Maria

Right: Leah Rosenberg (American and Canadian, born America, 1979), *Wind, waves/ Season change —/Rain, trees/ Dancing leaves*, 2023. Mural, acrylic (painting assistants: Natalia Corazza, Megan Goodwin). Montage Health Art Collection, commission made possible by the Maurine Church Coburn Endowment Fund. © Leah Rosenberg

of Community Health and Prevention for Ohana. “When people come in, immediately their nervous system calms down a notch. They say, ‘It’s so peaceful in here.’”

Hence the curves, not corners. Floor-to-ceiling windows that look directly onto vistas and canyons. Light, warm wood finishes. Open, inviting spaces.

And you can’t move into a place without hanging some art on the walls, right? And, oh, the art.

“It’s so beautiful and inspiring,” Reuther says. “The art team just blew us away with their selections.”

The Montage Health Art Program lives within Montage Health Foundation thanks to a philanthropic endowment from the late Maurine Church Coburn and ongoing contributions from the community to support art’s role in creating a healing environment in healthcare spaces.

“Our team worked collaboratively to bring this space to life,” says Elizabeth Denholm, Art Collections Manager for Montage Health Foundation. “We needed the art to speak to youth and teenagers, to curate a space that felt like their own.”

That Ohana space is home to more than 200 artworks by 118 artists. That includes poems, large-scale murals, and an art-lending library of photographs by local student artists for the residential program, opening later in 2024.

“We have things like limited-edition printed skateboard decks mounted on the wall,” Denholm says. “And Andrew Wilson, a young artist, hand-sewed streetwear-style ballcaps. He used heirloom fabrics from his mother and grandmother to represent the idea of family connection. The goal was to feature non-traditional art objects that speak to the unique interests of our patients.”



Colors that stay with you

The way Leah Rosenberg sees it, color and nature are the elixirs.

They have the capacity to improve moods, conjure memories, tell stories, bring calm and joy, and inspire growth. All of it comes together in her site-specific mural at Ohana.

Her 20-color palette, developed with contributions from the Ohana Youth Advisory, boldly greets those heading toward the check-in area at the new teen and adolescent behavioral health center. The colors — inspired by shifting light, changing seasons, the vision of the building, and

One of the more prominent pieces is a mural by Leah Rosenberg, designed to capture a place and time through the lens of living color, and developed in collaboration with the Ohana Youth Advisory, a collective of local high school students who meet monthly with the Ohana Community Health and Prevention team to offer a youth voice and lens to Ohana's work. Rosenberg held a workshop with the Ohana Youth Advisory in which they used paint chips to represent colors — colors they saw in their daily lives, colors that spoke to them — and then created haikus based on their chosen hues. Rosenberg incorporated these colors into her mural alongside others she observed throughout Monterey.

Step outside Ohana's doors and you will discover the beginnings of an almost 900-square-foot garden that

focuses on, yes, hope and healing.

"We want kids to get their hands in the soil, to help with planting, to be in nature," Reuther says. "We want youth to pause and notice."

Back inside, there are also a music room, art room, gym, and a community room that is open to the public and the site of free parenting education classes and groups.

"It's an exciting and energizing space," Denholm says, "and there are also certain areas where you feel a sense of calm and serenity. That combined with colorful and uplifting artwork creates this sense of hope and excitement. So, someone going into the program who might be a little bit nervous can step into this space and think, 'This is special. I'm going to be OK.'"

Visit montagehealth.org/ohanacampus to explore more of Ohana's campus.



the landscape that surrounds it — accompany them throughout their stay, and then follow them home.

"It walks with you in a way, this piece," Rosenberg says. "The arrangement of the stripes coming together and then breaking apart is how the process of healing can sometimes feel. Some parts are orderly, and some are wildly complicated. No matter what culture or location people are coming from, or what language they speak, I hope these colors will make them feel welcome and understood."

As patients and families make their way through the Ohana experience, those colors can be connective and/or invigorating, depending on the need.

And when they walk back out the front door, they can carry the powerful paints with them.

"It's a lovely thing to think about, that when you observe something, you change it," says Rosenberg, who calls the Bay Area home. "Through the simple act of looking, you are actually changing something, and to that end, you are changing, too. Paying close attention to single colors and to the collection of colors can help us pay attention to the world outside. So, the very palette that greets someone at the start of their stay can become familiar tools to take out into the world with them when they leave."

Pictured: Leah Rosenberg (American and Canadian, born America, 1979), *Wind, waves/Season change —/Rain, trees/Dancing leaves*, 2023. Mural, acrylic (painting assistants: Natalia Corazza, Megan Goodwin). Montage Health Art Collection, commission made possible by the Maurine Church Coburn Endowment Fund. © Leah Rosenberg



Heart patient makes speedy recovery with new valve-in-valve replacement

Michael Logan bounced back from open-heart surgery to replace a heart valve in 2010. Thirteen years later, at age 81, he recovered even more quickly when he needed a second valve replacement, thanks to a new procedure and expert clinical team.

Logan was discharged after only a day at Community Hospital of the Monterey Peninsula following a minimally invasive valve replacement; within a week, he was golfing and walking up to two miles.

Logan was the first patient at Community Hospital to undergo transcatheter valve-in-valve replacement for a failing surgically implanted valve. With the recent opening of two new state-of-the-art hybrid operating rooms, the procedure is likely to become more common.

Hybrid operating rooms combine the advanced imaging technology used in minimally invasive procedures with all the features of a surgical suite. This creates a single environment that can be used for “open” surgeries, with larger incisions, and procedures done through small incisions, guided by the advanced imaging systems

Logan’s procedure was a “big success,” he says. “The procedure was easy. I was awake during it, or at least most of it. The recovery was one day, as far as leaving the hospital.”

While Logan’s first valve replacement involved opening his chest, his second was minimally invasive, using a catheter threaded to his heart through only a small incision in his



It was a big success. The procedure was easy. I was awake during it, or at least most of it. The recovery was one day, as far as leaving the hospital.

— Michael Logan



leg. Cardiologists have been performing transcatheter aortic valve replacement at Community Hospital since 2018, but Logan received a transcatheter heart valve with a twist — valve-in-valve transcatheter aortic valve replacement (ViV-TAVR).

The procedure involves inserting a new valve directly into the failing surgical valve. The valve-in-valve replacement was done by Dr. Ahmad Edris, Director of Tyler Heart Institute's Interventional Cardiology and Structural Heart Disease program at Community Hospital, where the hybrid operating rooms recently replaced the hospital's cardiac catheterization labs.

Logan's first valve replacement came after a routine doctor's visit revealed a potential problem. His doctor didn't like what he heard when he listened to Logan's heart and sent him to a cardiologist. Logan had an echocardiogram to check the blood flow through his heart and valves and the results were so concerning that the cardiologist called him later that night.

"He told me I had severe valve stenosis [narrowing] of my aortic valve and needed surgery," Logan says. The opening in his valve was only about the size of the lead in a pencil, a fraction of a normal opening.

The diagnosis was a surprise to Logan, who worked out regularly, took walks with his dog, and golfed often.

His valve was replaced with open-heart surgery at Community Hospital, followed by a four-day hospitalization and a recovery of several months.

"I was told the surgery was a success and it was," says Logan, a retired stock, insurance, and real estate broker from Pebble Beach. "I have had a very enjoyable life all the way through, up until about two months ago."

That was fall 2023, when Logan began coughing, had swelling in his stomach and chest, and could only sleep when sitting at a 45-degree angle. He eventually went to Community Hospital's Emergency department.

"Within minutes, the doctor on call told me I had congestive heart failure," he says. He was hospitalized for about a week, put on medications including diuretics, and lost 18 pounds of fluid weight.

Logan and his wife met with Edris, who explained that Logan's surgically implanted aortic valve had degenerated, was now failing, and needed to be replaced. Bioprosthetic or tissue surgical valves generally have an average life expectancy of about 10 years, with Logan's valve lasting 13 years. Edris told the couple that a second open-surgical valve replacement was possible, but carried higher risk compared to the first open-heart intervention. He also told them about an alternative — ViV-TAVR.

"It was an easy decision," Logan says. "The only thing I worried about was when they put the new valve in the old valve, would it seal or would I end up with leakage? Dr. Edris said I would not have any leak and the [follow-up] echocardiogram proved him right."

Soon after the procedure, Logan returned to his gym and attended the hospital's Cardiac Rehabilitation program to rebuild strength. The second replacement was much easier on him and his wife.

"She was as nervous as could be for both procedures, but this time when she came to see me afterward, I was wide awake, sitting up in bed," he says. "The first time I was unconscious, lying in bed with all kinds of tubes in me. She was very pleased."



Visit montagehealth.org/heart to learn more about heart and vascular care at Montage Health.



“

I'm just a cranky old man. This is change for me. But this is really good. You've answered all my questions and I've got the information in front of me so I can see everything that we went over.

— Patient

”

Technology is increasing human interaction and safety in patient care

A self-described cranky patient at Community Hospital of the Monterey Peninsula was unhappy when he learned his discharge instructions would be provided by a nurse appearing on a computer screen, rather than at his bedside.

“I need to know why you're not here, standing next to me right now,” he demanded of Desiree Franklin as she materialized on an iPad in front of him.

Franklin patiently explained her role as a “virtual discharge nurse” and asked the man to give her a chance. He did, and, over the course of a 45-minute discussion, she won him over.

“I'm just a cranky old man,” he said. “This is change for me. But this is really good. You've answered all my questions and I've got the information

in front of me so I can see everything that we went over.”

Though it seems counterintuitive, technology is being used in healthcare to increase interactions between care providers and their patients and to support patient safety. Virtual discharge nursing is one of the latest such initiatives at Community Hospital, joining others, such as “telesitters” who remotely help patients who have dementia or other issues that can benefit from closer supervision.

“We’re looking at innovative ways to support the nursing staff so we can decrease the burdens on them that take them away from direct patient care,” says Debbie Sober, Vice President and Chief Nursing Officer at Montage Health.

Sober proposed a virtual discharge nursing pilot project after reviewing some at other hospitals. With a nurse handling much of the discharge process virtually, the in-person nurse can spend more time providing hands-on care to other patients, Sober says. Virtual discharge nursing can also give patients who are going home uninterrupted one-to-one time with the nurse guiding their discharge, who is free from interruptions from other patients. This can streamline the discharge process for patients and families and free beds sooner for new patients.

At first, nurses were skeptical: No one else should be discharging “their” patients, Sober says. But they were open to trying. Working together, Sober, the nurses, and staff from the Health Information Technology department and elsewhere, developed a pilot. It began in September in the nursing unit where most orthopedic patients go after surgery; those patients are usually discharged after a day or two, so there is high turnover.

Since then, the pilot has evolved and expanded. One virtual discharge nurse works four days per week and Sober anticipates expanding soon to seven days per week.

Franklin, a nurse at Community Hospital since 2001, starts her day by reviewing the files of patients being considered for virtual discharge. They must meet several criteria, including being able to communicate over an iPad, and they must be going home rather than to another care facility.

Franklin reviews each patient’s medical history, hospital stay, and their doctor’s plan for post-hospital care. She works with discharge planners to ensure arrangements for assistive devices or at-home care. Before virtually meeting with a patient, Franklin sends their specific discharge instructions to a printer in the patient’s nursing unit, then the patient’s nurse takes those



We’re looking at innovative ways to support the nursing staff so we can decrease the burdens on them that take them away from direct patient care.

— Debbie Sober,
Vice President and
Chief Nursing Officer at
Montage Health





instructions and an iPad mounted on a pole into the patient's room. The nurse helps the patient start the session on the iPad, introduces them to Franklin, and the virtual discharge conversation begins.

"I let them know that we're going through discharge instructions from their doctor and that I've reviewed them and know all about them," Franklin says. "I tell them to stop me with any questions and reassure them that if they think of something after the call has ended, they can push the call button for their nurse for follow-up."

Franklin and the patient go over dos and don'ts, medications, dressing changes, and other issues that might arise at home. Family members or other caregivers can join the conversation or have a separate call with Franklin.

Patients have responded favorably, Franklin says, and nurses are finding that having much of the discharge process handled by another nurse gives them more time for their other patients.

A "virtual nursing hub" was created inside the hospital and is home to the on-duty virtual

discharge nurse as well as telesitter staff members. While the discharge nurse focuses one-on-one, telesitter staff members each work with up to 10 patients at a time.

Telesitters, officially called "safety observational specialists," monitor and communicate with patients to help keep them safe throughout their hospitalization. For example, a patient who is prone to falls may frequently try to get out of bed without assistance. Or a patient with dementia or drug or alcohol addiction may try to pull out IVs or remove wound dressings. The telesitter talks with the patient over a two-way video system, trying to redirect them. If necessary, the telesitter contacts the patient's nurse for a swift, in-person response.

For years, hospitals have had actual "sitters" — staff assigned to sit in the rooms of patients who need constant monitoring for safety. Community Hospital still has up to six in-person sitters each day, but changes in patient populations — and not as many family members at the bedside — have increased the need, says Christine Payne, Administrative Director of Nursing.

"Using a video system allows us to ensure the safety of many more

people than we could if we needed one-to-one sitters," Payne says.

Telesitters are trained in what to watch for and ways to respond. Often, a conversation with the patient will end the potentially harmful behavior; other times, the telesitter will offer patients outlets for attention and energy, like "fidget" devices or coloring books.

"One telesitter was caring for an elderly woman with dementia who was restless and pulling out her IV lines," Payne says. "The telesitter offered to bring her a doll. Once she did, all the patient's energy went into caring for the doll. She was rocking it, changing it. She had purpose."

The telesitters are not nurses, but, using technology, they support nurses and patients.

"It's our team on the other side of the monitor, their ownership of the service, and their connection with the patients that make this program successful," Payne says.

Artificial intelligence innovations in healthcare enable providers to spend more time with patients

Providing healthcare is a labor of love for medical professionals, who understand on a personal level how human connection can greatly enhance a patient's experience.

In a perfect world, doctors and their support staff would have more time each day to focus on that part of the job. That's why Montage Medical Group opted in 2023 to invest in cutting-edge technology to help solve an ongoing problem: Research published in July 2022 by the *Journal of Internal Medicine* determined that a primary-care doctor would need to work a mathematically impossible 26.7 hours per day to provide the recommended preventive, chronic, and acute care to a practice with 2,500 adult patients.



The fact is, our primary care doctors are often overwhelmed, and that's really been a challenging issue to address. We've been working very hard through the years to find efficient ways to ease that burden.

— Dr. Mark Carvalho, CEO of Montage Medical Group and President of MoGo Urgent Care



EASING THE BURDEN



“The fact is, our primary care doctors are often overwhelmed, and that’s really been a challenging issue to address,” says Dr. Mark Carvalho, CEO of Montage Medical Group and

President of MoGo Urgent Care. “We’ve been working very hard through the years to find efficient ways to ease that burden.”

Help arrived in 2023 in the form of artificial intelligence (AI) dedicated to scanning patients’ medical records in search of crucial care gaps, a task typically assigned to staff members.

“When a patient has a care gap, it means they haven’t received the care or screening they need to ensure optimal health,” says Meg Dingae, Director of Human Experience for Montage Health.

“For example, we might have a patient who comes to Montage Health for care from an OB/GYN doctor, but also has a primary care doctor who is outside our

network,” Dingae says. “She had a pap smear in 2022, but for whatever reason — maybe she forgot, or just didn’t have time — the patient didn’t come back to see us the following year. Missed opportunities to receive important screenings can have a major impact on the health of a patient.”

After discovering care gaps in the charts of 14,000 of its patients — not unusual in American medical systems — Montage Medical Group formed a partnership in 2023 with San Mateo-based Notable Health, creator of software capable of rapidly searching thousands of medical records with lightning speed, using robotic processing automation and AI.

The program received grant support in 2023 from Central California Alliance for Health. The grant, aimed at supporting Medi-Cal patients through technological innovation, adds an extra layer of support to those patients who may be more at risk when it comes to missed screenings or follow-ups.

TARGETING FIVE KEY HEALTH ISSUES



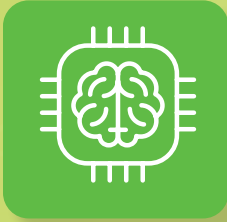
In 2023, the first year of the partnership, Montage Medical Group used Notable Health’s software to locate and address patients’ care gaps for cervical cancer, breast cancer, high blood pressure, colon cancer, and diabetic eye exams.

The technology can address care gaps in three ways. First, if the AI finds evidence that the care gap has already been closed outside the Montage Health system, then the technology can flag the gap for closure by the medical staff; otherwise, the software automatically

sends a text message informing that follow-up care is needed and invites the patient to self-schedule their appointment.

“It takes the human out of the equation in a good way,” Dingae says. “Searching thousands of medical charts to find and address care gaps is not high-value work for medical professionals. Exchanging phone messages with patients can take days, which isn’t good for the patient or the staff. Enabling a patient to self-schedule is proving to be a very efficient option. Patients can pick the time they want, and it’s done.”

AI WORKS 24/7




Another upside, Dingae says, is that the new and advanced technology continuously searches for patients with care gap issues. “So, maybe I’m not overdue for a screening today,

but I might become overdue next month. The AI will find that and address it.”

Dingae says her office is evaluating the software’s performance, measuring how many gaps were closed, how many appointments were made by patients through self-scheduling, and other valuable metrics. “I’ll be really interested over this next year in looking at patient-centered and patient-specific outcomes,” she says.

Carvalho says he appreciates the progress he has seen — medical staff have more time to devote to personal patient interaction.

“In 2002, when I started my own primary care practice, I was flipping through all of my own paper charts, trying to keep up to date on my patients,” Carvalho recalls. “If we can do a more efficient job of scanning these charts, and reduce the load on our healthcare providers, these are solutions we really need to leverage. Things have gotten much better because we have new tools at our disposal, but we also need to take it to the next level. If we can find ways to do things faster, easier, and better, that’s what we ought to be doing.”

 Visit montagemedicalgroup.org to find a doctor, view locations, and more.

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I'm humbled by the challenge, but I'm going to fight it until I have no more strength.

— PK Diffenbaugh, Superintendent, Monterey Peninsula Unified School District



Coalition members at Monterey High School: Scott Prys, Sabrina Guevara, Brilynn Guevara, Chelsea Warner, Adriana Vasquez, Dr. Casey Grover, Jordyn McGirt, Larisa Sheparovich, Kylie Goud, Noah Shumpert Jr., Monica Sciuto, Anna Foglia, Yesel Gonzalez, Dr. Reb Close, Isabella Alvarenga, Allison Duckworth (Program Coordinator for the White House Drug Free Communities Grant, Ohana), and Deanna Rossi



A community coalition in the fight against fentanyl

Good grades. Good geography. Even good parents can't necessarily save you.

The tendrils of drug use wrap themselves around even the most unsuspecting, the most seemingly shielded. Here in Monterey County, teen drug overdoses and deaths — particularly from fentanyl — continue to rise sharply. And when it comes to the victims, there is no sorting.

“No child is immune from substance use,” says Dr. Casey Grover, an addiction medicine and emergency medicine specialist with Community Hospital of the Monterey Peninsula and Montage Health’s Prescribe Safe program. “We know of cases from multiple school districts. We know of cases from different cultural backgrounds. We know of cases of those who have struggled with mental health, and others who were experimenting and got a dose of fentanyl unexpectedly.”

Gaining a foothold in the battle against this powerful threat — particularly considering escalating mental health challenges during and post COVID-19 — can be extraordinarily complex.

Do you focus on overdoses? Schools? Mental health? Education? Advertising? The F-word (fentanyl)? Narcan®? Grieving parents and families?

The answer? All of it.

If you're Montage Health Foundation and Ohana, you fight the fight piece by piece, resolute in the goal of a comprehensive community transformation toward healing

and health. Allies of this goal are found in accurate information, connection to trusted adults, and opportunities in school, after school, and at home to build healthy relationships and develop mental health skills.

“We are working hard to prevent teen deaths from overdose,” says Krista Reuther, Assistant Director of Community Health and Prevention at Ohana, Montage Health’s child and adolescent mental health program.

It helps when you receive a five-year, \$625,000 grant (that could turn into 10 years of funding) from the White House Drug-Free Communities Support Program.

But it also takes an enormous passion to fight this sometimes-intractable fight. And you get the idea that the people involved in this grant-supported coalition just might do it even if the money were missing.

“I’m humbled by the challenge,” says PK Diffenbaugh, Superintendent, Monterey Peninsula Unified School District (MPUSD). “But I’m going to fight it until I have no more strength.”

Diffenbaugh is part of an impressive lineup.

There’s also Dr. Reb Close, an addiction medicine and emergency medicine specialist at Community Hospital. When she cared for a 19-month-old child 11 years ago who ultimately died from an opioid overdose, she became fierce. One year later, in 2014, she co-founded Prescribe Safe to address the opioid problem, along with former Community Hospital Vice President Anthony Chavis and Monterey County Deputy District Attorney Amy Patterson.

“I have become friends with moms who have lost some of their kids,” Close says. “They support each other beautifully. I’m the only person in the mom group who has not lost a child.” Some might argue she has lost far

too many.

There’s Grover. His addiction-fighting roots run deep. He has been exposed to and learning about addiction since his first year in medical school in 2006 when he volunteered at syringe exchanges at homeless clinics. Fast forward almost a decade, and he joined Prescribe Safe. He and Close are now its medical directors, and they both became certified in addiction medicine in 2023.

“My mom once asked me, ‘If you had unlimited money, what would you do to stop what’s happening here with fentanyl?’” Grover says. “I told her I would end intergenerational trauma, abuse, and substance use. I can’t tell you how many times I hear someone battling addiction say, ‘I saw my parent using, so I used.’ Or, ‘My parent was the first one who showed me how to shoot up.’”

There’s Diffenbaugh. As the head of MPUSD — the grant’s target group of students — he has endured overdose deaths of multiple students in his district. “The way it is now,” he says, “if you take the wrong pill, life is over. There’s no second chance. And the family is torn apart forever. That’s what I’m probably most worried about.”

There are the teams at Ohana and Montage Health Foundation. They received the grant in 2021 and have spent the ensuing time building their community coalition and augmenting those funds with resources, time, passion, and additional grants.

“The members of the coalition meet monthly for training

about anything related to youth drug and alcohol use, treatment, and prevention,” Reuther says.

With almost 27 organizations represented — from the Monterey County District Attorney’s Office to RockStar Dance Studio — there are so many in this group trying to change the course of youth substance use.

In the first two years, the coalition established a foundation (think: policies, strategic plans, etc.), including the critical formation of youth drug and alcohol awareness clubs at every high school in MPUSD. The entire coalition is adamant that youth input is essential.

“We ask them, ‘What matters to you? What do you care

about?’” Close says. “It’s the concept of, ‘not about us without us.’” One example — fentanyl posters are being plastered in every middle and high school bathroom in the county. The Ohana Youth Advisory, a group of local high school students who meet monthly with Ohana to provide a youth perspective on Ohana’s work, was instrumental in reviewing the posters to ensure the message was on-point for their peers.

“I don’t think we can assume that our own personal experience as adolescents was similar to what our kids are dealing with now — the pandemic, social media, access to drugs,” Diffenbaugh says. “As adults, we have to say ‘Hey, let’s shut up and listen.’”



Visit montagehealth.org/prescribesome to learn more about Montage Health’s substance use prevention efforts.

Naloxone saves lives from opioid overdoses

Naloxone (also known as Narcan®) can reverse an opioid overdose and save a life. Naloxone is a small, over-the-counter nasal spray that anybody can carry and use. Carrying naloxone everywhere you go empowers you to save lives.

When responding to an overdose, naloxone must be given:

- Within 5 minutes to prevent brain damage
- Within 8 minutes to prevent death

WHAT DOES AN OVERDOSE LOOK LIKE?

A person overdosing on an opioid, including fentanyl, can show the following:



Slow or absent breathing



Blue lips or discoloration of the skin



Confusion, sleepiness, or unresponsiveness



Loud snoring or gurgling noise



Small pupils



Pale, clammy, or bluish skin

If someone is overdosing, remember to D.O.S.E.:

Dial
911

Open
naloxone

Spray
naloxone in
nostril

Evaluate response
(and prepare to give additional
dose if needed)



Fernando Flores Leon and Dr. Juan Magaña

Making medical school dreams a reality

FERNANDO FLORES LEON'S MINORITIES IN MEDICINE JOURNEY

Five of them — mom, dad, two sisters, and little Fernando Flores Leon — maneuvered around the washer and dryer, found crevices and small surfaces for their belongings, and called the laundry room their home. Grateful to this day that the gas dryer did not have a leak. Because, finally, in late 1997, they had made it from Mexico to the United States.

They would stay in that tiny space in that Oakland house for a year before moving to a garage in Watsonville. Cement floors. Wind whistling beneath the door. No heat. “But we did have the basics — stove, fridge, sink,” says Flores Leon, now 28 and in his first year of medical school at the Mayo Clinic in Rochester, Minnesota after becoming a Montage Health Foundation Minorities in Medicine program scholar in 2022. But we’ll get to that.

When Flores Leon turned 6 years old, things started to shift. “We moved to a manufactured home in Prunedale and finally had a place that was ours,” he says.

Flores Leon thrived. He got straight As through elementary and middle school. “My mom let us know that school was a way out of all of this.” And he started to dream.

“My mom would read me a book called *The Magic School Bus Wet All Over: A Book about the Water Cycle*,” he says. “It was about the water cycle — condensation, evaporation, precipitation. That helped me get interested in the world around us, and I started to form a scientific mind.”

Then high school hit. Flores Leon slacked off, spending his time working a part-time job at McDonald’s that he held his junior and senior year. Homework didn’t get done. Grades dipped.

“I was still a good student, but not like elementary and middle school,” Flores Leon says. “I remember sitting at my high school graduation and all the kids who did best were sitting in the front rows. I was sitting near the back of the stands. I remember thinking, ‘I could be sitting there, but I didn’t put in the work or time to become a top student.’ I was disappointed for not having pushed myself to achieve more.”

It would not happen again.

He was accepted to the University of California, Santa Cruz (UCSC), where he focused on biochemistry and molecular biology, and graduated with honors despite a daily hours-long commute and working various jobs.

In his science courses at UCSC, he was surrounded by people who wanted to be doctors. He wondered why. So, channeling the same curiosity he had for *The Magic School Bus* water cycle, Flores Leon went to see his

family doctor and asked if he could shadow him for a week. Request granted.

"I liked the work, and I thought he was doing great things for the community," Flores Leon says of Watsonville family doctor Robert Letamendi, who has been practicing for nearly four decades.

To continue learning about medicine, Flores Leon began volunteering in the Post Anesthesia Care Unit at Community Hospital of the Monterey Peninsula. It was there that he had a serendipitous encounter two years ago.

"I was sitting down, and here comes Dr. [Juan] Magaña," Flores Leon says. "He sits down next to me. I looked over and thought, 'This guy looks like me. I should strike up a conversation.'"

But before he could say a word, Magaña struck up a conversation first. He asked Flores Leon what brought him to volunteer in the hospital. "I'm here to explore medicine," Flores Leon said.

Magaña shared his email address and then-Twitter handle, and asked Flores Leon to send him a message. There might be a program for him — Minorities in Medicine.

Minorities in Medicine, a Montage Health Foundation program, provides underrepresented and low-income aspiring medical professionals in Monterey County with mentorship, financial support, and hands-on clinical experience to assist in the complex process of applying to healthcare programs like medical school.

Flores Leon applied and was accepted to the 2022 Minorities in Medicine group. There, he gained 134 hours of clinical shadowing experience with Community Hospital doctors, plus mentorship, support, and letters of recommendation for his 28 medical school applications.

Today, Flores Leon is a medical school student at the prestigious Mayo Clinic.

To help support his medical studies, Flores Leon was awarded a \$7,500 scholarship from Montage Health Foundation. "The money is not only helping financially; emotionally it has been helpful, too. It represents support from my community. So, I'm not in Minnesota alone."

Magaña hopes that someday Flores Leon will return.

"He is one of the most mature, motivated people I know," Magaña says. "He has overcome tremendous adversity, and he has a lens to see the world with compassion. Our community would be very fortunate if Fernando came back to work with Montage Health."

"Coming back?" Flores Leon says. "If all doors are open, and I can pick anywhere to work, I will pick Montage Health. And it would be great to work with Dr. Magaña as part of Minorities in Medicine."

Visit montagehealthfoundation.org/ourwork to learn more about how Montage Health Foundation supports the community.

To learn more about Montage Health Foundation service-learning programs like Minorities in Medicine, contact Montage Health Foundation Volunteer Coordinator Vicky Walsh at vicky.walsh@montagehealth.org.



All together, we're supporting about 65,000 residents in our community. We are committed to elevating the health and wellness of Monterey County, our community, right now and long into the future.

— Tyler Munson, Chief Executive Officer, Aspire Health

Aspire Health celebrates 10 years of partnering with the community

Pictured: Aspire Health employees

Once upon a time in a land not very far away, a group of determined individuals banded together to protect an important group of people: the older generation.

And it worked.

On January 1, 2014, Aspire Health Plan launched a local Medicare Advantage program for Monterey County residents.

About 400 people signed up that first year, attracted by having homegrown health coverage instead of a 1-800 number. It was a place where you, literally, could walk in the door and ask to shake hands with the CEO. There was some skepticism. How could this nascent, pocket-sized plan possibly keep up with the national competition? The UHCs, the Humanas.

Fast forward a decade, and the little plan that could is not only alive — it's thriving. Now known as Aspire Health and in partnership



with Salinas Valley Health, it includes not only the Medicare Advantage plan, but an array of community health improvement initiatives, commercial insurance partnerships, and insurance plans for hospital and healthcare employees.

“All together, we’re supporting about 65,000 residents in our community,” says Tyler Munson, Chief Executive Officer at Aspire Health. “We are committed to elevating the health and wellness of Monterey County, our community, right now and long into the future.”

Aspire Health’s Population Health — the community health improvement component — started in 2012 as Community Health Innovations (CHI). It was created to help people manage their own health and avoid chronic disease, ultimately reducing costs for everyone. In 2019,

Montage Health changed CHI’s name to Population Health and merged it with Aspire Health Plan to create Aspire Health.

One powerful example of the impact of the Population Health efforts is the wide-reaching “Don’t Feed the Diabetes” campaign. The program provides individual coaching and support for children and adults who have diabetes or prediabetes, which includes almost half of Monterey County residents.

“We partner with schools to educate students about lifestyle changes that will help prevent chronic illnesses that can dramatically reduce quality of life, especially later on in life,” Munson says. The unique diabetes campaign has received national recognition from the American Hospital Association and has been endorsed by

the Association for Community Health Plans.

Another program, *Healthy Together*, focuses on children and families working together to develop healthy behaviors, including good eating habits, moderate screen time, and exercise. Participants are connected with *Everyone's Harvest*, which provides fresh bags of produce to families in need, as well as *Double-up Food Bucks*, a collaboration with the United States Department of Agriculture. The *Double-up* initiative supports low-income households by doubling the amount of fresh California-grown produce families can purchase in locally owned grocery stores.

Montage Health, using Aspire Health's Population Health experts, is responding to the local impacts of the opioid and fentanyl crisis. The program provides drug prevention education to the county's middle and high school students, and educates about and distributes naloxone, a medication to reverse opioid overdoses.

All the Population Health efforts are designed to promote and enhance the overall wellness of the

community, says Liz Lorenzi, Aspire Health's Population Health division Vice President and Chief Operating Officer.

"We have nurses who call patients when they're discharged from the hospital to see if they have all the things they need to recover safely at home," Lorenzi says. "We have health coaches who help people with lifestyle changes, getting them on exercise plans, helping them stick to a diet. We have programs that connect people to prevent social isolation. We have social workers, health advocates — a whole team whose mission is to help people achieve their optimal level of health and well-being. We want to help people live longer, and we want them to live longer with a higher quality of life."

Finally, Aspire Health, with a strong network of doctors and partnerships with Anthem Blue Cross and Blue Shield, offers healthcare insurance coverage. It began with Medicare Advantage, which covers everything that original Medicare covers, plus prescription drugs and additional benefits like transportation, chiropractic care, acupuncture, and fitness options in one plan.



Then, Aspire began offering health insurance to anyone in the community, as well as employer-sponsored insurance for employees and healthcare workers at Montage Health and Salinas Valley Health.

All designed to ensure our community receives the care it needs.

"We're local," Lorenzi says. "If you have an issue you want to discuss, you can literally come over and knock on our door."

Just as they planned it once upon a time.



Visit aspirehealth.org to learn more about Aspire Health.



At left, Monterey Bay Football Club players, Don't Feed the Diabetes mascot The Beast, and youth from Aspire's Healthy Together program, celebrating the benefits of physical activity and healthy eating.

Neighbors helping neighbors



WHY THIS ASPIRE HEALTH EMPLOYEE TAKES HER JOB PERSONALLY


It is not the work this former teacher initially intended to do, but Melissa Hall, Chief Operating Officer of Aspire Health's Health Plan division, is proud to still be rooted in her purpose of helping others.

Hall joined Aspire Health, which celebrates its 10th anniversary this year, as a compliance officer when it began in 2014 as Aspire Health Plan. After teaching and before coming to Aspire, Hall worked for a national insurance company.

"I never once had a conversation with a member of one of our plans," she says of her previous job. "When I moved to Monterey and started working with Aspire, I quickly realized this was not that at all. This is a local, nonprofit organization, started by our local healthcare delivery system, locally managed, with a local network of excellent providers. We are neighbors helping neighbors."

Hall's move to Aspire was a return to community-based work. "That really changed my perspective on how I went about my work because I felt connected to the community that I was serving for the first time since I was teaching," she says. "That is part of why I am still here, because I am part of the same community I serve. That is very personal and meaningful to me."

"When I worked for a plan that answered to shareholders, it was run from the perspective of the bottom line," Hall says. "At Aspire, we are stewards of our community's healthcare dollars with a priority of taking care of our members. That means getting them the right care, at the right time, with the right providers. Working in such a close-knit community means our members are our neighbors, friends, and family. Our relationship with the community is a powerful force for health and well-being."



It feels personal to have the local healthcare system managing our plan. It's unique to be able to walk into your health insurance office if you have a question or need something.

— Adrienne Shimoda

A community-based health plan for a community-minded couple

After retiring from busy careers in software engineering and microbiology, Dwight and Adrienne Shimoda set their sights on moving to a community where they could feel connected and engaged. That community turned out to be Monterey, or as Adrienne calls it, “heaven on earth.”

When they arrived in 2004, the Shimodas jumped into their new local scene, becoming avid volunteers and active members of their church.

As they settled in, the Shimodas wanted to set themselves up for a long and healthy retirement, so they started exploring local healthcare options. “We wanted our Medicare Advantage plan to be based in the Monterey Peninsula — we weren’t interested in a big national company,” Dwight says.

“We learned about Aspire Health, and the fact that

Community Hospital of the Monterey Peninsula was behind it gave credence to the program for us,” Adrienne continues. “It feels personal to have the local healthcare system managing our plan. It’s unique to be able to walk into your health insurance office if you have a question or need something.”

When Dwight started struggling to bend his legs, he made an appointment with his primary care doctor. “My doctor said I needed compression socks, but instead of just telling me, he took off his shoe and demonstrated the correct way to put on and wear the socks,” Dwight recalls. “That felt like he really cared, which meant a lot.”

“This is our home,” Adrienne says. “Our friends are here, our church is here, and we’ve developed relationships here. It’s reassuring to have an organization like Aspire working to keep you and the people you care about healthy.”

Celebrating Montage Health Foundation donors and volunteers

Montage Health Foundation donors and volunteers are the heart of our impact. Thank you to all our 2023 donors and volunteers for being champions for community health.

2023 IMPACT AT A GLANCE

Thanks to the generosity of 821 donors and 487 volunteers in 2023, Montage Health Foundation:



Granted **\$11 million** to enhance our community's healthcare services



Provided **82,000 volunteer hours** to enhance the patient experience



Awarded **\$695,000 in scholarships** to Monterey County students exploring healthcare careers



Directed **100 percent** of donations toward programs and services

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