

2012

USC Norris
Cancer Hospital
Part of the Keck Medical Center of USC

USC Norris Cancer Hospital

Annual Report and Plan for
COMMUNITY BENEFIT

FISCAL YEAR 2012

Submitted to:
Office of Statewide Health Planning & Development
Healthcare Information Division
Accounting and Reporting Systems Section
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Letter from the CEO

This last year for the Keck Medical Center of USC has been one of great transformation. A tremendous amount of change has occurred within our organization, and as a result, we have uncovered a newfound sense of spirit and purpose – a reaffirmation of our mission to provide uncompromising, compassionate care to the people we serve.

Since our last report, our integrated academic medical center – comprised of Keck Hospital of USC, USC Norris Cancer Hospital and more than 500 faculty physicians of the renowned Keck School of Medicine of USC – has accomplished many successes. We have expanded our reach, grown our clinical offerings, and enhanced our services. We have also put in a significant amount of effort and resources into serving the greater community at large.

At the Keck Medical Center of USC, we understand the vital role we play as healers and stewards of care. We are not just a health care provider. We are leaders – role models – in wellness, which is why we are always looking for new ways to reach out to the greater community in support of healthy lifestyles. Our community benefit program is dedicated to continuing USC's proud tradition of giving back. Through sponsorship of health-related programs and services, we are doing what we can to address the unmet health care needs of our entire Trojan family.

We thrive on a culture that puts people and their needs first. We are invigorated by opportunities to provide a comfortable environment where our patients can best heal. We are inspired every day to improve the health of our community through innovative, scientific discovery. We are dedicated to our fundamental reason for existence: to help others.

The accounts in this report highlight the continued dedication of our physicians and staff to the health and well-being of all of the lives we touch – past, present and future.

Sincerely,

Scott Evans
Chief Executive Officer
Keck Hospital of USC
USC Norris Cancer Hospital

Mission Statement

We strive to be the trusted leader in quality health care that is personalized, compassionate and innovative.

- We stand for empowerment, integrity, respect, collegiality and vitality
- We commit to authenticity
- We commit to excellence in clinical care, teaching and research

You can count on us to be fully present in the delivery of uncompromising health care.

About USC Norris Cancer Hospital

University of Southern California (USC) acquired University Hospital and Norris Cancer Hospital from Tenet Healthcare Corporation on April 1, 2009. On November 1, 2011 we introduced the Keck Medical Center of USC – a new name in world-class medicine encompassing USC Norris Cancer Hospital, Keck Hospital of USC (formerly USC University Hospital), and 500 renowned faculty physicians from the Keck School of Medicine of USC.

One of only a few facilities in Southern California built exclusively for cancer research and patient care, USC Norris Cancer Hospital is a 60-bed inpatient facility providing acute and critical care. The hospital features a designated bone marrow transplantation unit and a surgical unit with specially trained staff who strive to meet the unique needs of cancer patients and their loved ones. USC Norris Cancer Hospital is affiliated with the USC Norris Comprehensive Cancer Center – a National Cancer Institute-designated comprehensive cancer center. The close affiliation between the Hospital and Cancer Center offers access to patients seeking the latest breakthroughs in cancer prevention and treatment.

Outpatients are provided with on-site diagnostic testing, chemotherapy, and radiation treatment. USC Norris Cancer Hospital has a radiation oncology department equipped with a CyberKnife and a Varian Trilogy Linear Accelerator, providing the latest state-of-the-art technology, such as stereotactic radiosurgery, intensity modulated radiation therapy and image guided radiation therapy.

Staffed by physicians, who are also faculty at the renowned Keck School of Medicine of the University of Southern California, USC Norris Cancer Hospital offers advanced treatment devoted to cancer treatment and research. Treatment options include surgery, radiation therapy and chemotherapy, and newer approaches to cancer management, such as immunotherapy and gene therapy.

The following cancer treatments and services are available at USC Norris Cancer Hospital:

- Breast Cancer
- Colorectal Cancer
- Genetic Counseling
- Gynecological Cancers
- Head and Neck Cancers
- Hematology Center
- Lung Cancer
- Melanoma
- Neuro-Oncology Program
- Orthopaedic Oncology
- Prostate Cancer
- Radiation Oncology
- Sarcoma Program
- Skin Cancer
- Urologic Oncology

In addition to patient care, USC Norris Cancer Hospital is a site for clinical research, supporting patients participating in cutting edge clinical trials. USC Norris Cancer Hospital is also strongly committed to education. As a member of the USC family, it is a teaching hospital, training residents and fellows in graduate medical education.

Community Benefit Planning

USC Norris Cancer Hospital continues to build its organizational governance and management structures and focus its programmatic efforts for community benefit. As noted, in April 2009 USC acquired the hospital from Tenet Healthcare Corporation, marking a change from a for-profit to a nonprofit hospital. This change in tax exempt status required a deliberate concentration on providing community benefit.

In FY12, we accomplished the following initiatives in support of our community benefit plan:

- Worked with Hospital leaders to plan for community benefit oversight and governance. Identified community stakeholders and hospital leaders to serve on the community benefit oversight committee.
- Last year we subscribed to and installed Lyon software (CBISA community benefit tracking software). Staff received training on use of CBISA and community benefit activities and programs were documented in the system.
- Submitted the annual report to the Attorney General to comply with the conditions of sale for USC Norris Cancer Hospital/USC University Hospital.
- Planned a community focused grant program to support community benefit programs.
- Posted the Community Health Needs Assessment on the website as a strategy to make it widely available to the public.

Community Health Needs Assessment

In 2010, USC Cancer Hospital conducted a Community Health Needs Assessment as required by California law (SB 697). The recent passage of the Patient Protection and Affordable Care Act also requires tax exempt hospitals to conduct needs assessments and develop community benefit plans every three years. With the transition of Hospital ownership in 2009, this was the hospital's initial community health needs assessment. This community health needs assessment was carried out in partnership with USC Norris Cancer Hospital. The entire Community Health Needs Assessment can be accessed at <http://www.uscnorriscancerhospital.org/uscnorris/Community-Benefits>.

USC Norris Cancer Hospital is located east of downtown Los Angeles on USC's Health Sciences Campus. The Hospital draws patients regionally from Southern California, with a primary service area of Los Angeles County, California.

Methodology

The assessment incorporated components of primary data collection and secondary data analysis that focus on the health and social needs of the service area. Targeted interviews were used to gather information and opinions from persons who represented the broad interests of the community served by the Hospitals. For the interviews, community stakeholders, identified by the Hospitals, were contacted and asked to participate in the needs assessment. Thirty interviews were completed for the Community Health Needs Assessment from September - November, 2010. Secondary data were collected from a variety of county and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, and social issues.

Summary of Findings

This overview summarizes some of the significant findings drawn from the Community Health Needs Assessment.

Community Profile

- ◆ The residents of the USC Norris Cancer Hospital services area are primarily Latino (48.3%) and White/Caucasian (27.7%). Asians comprise 13.3% of the population, and Blacks are 8.3% of the population.
- ◆ The area has high percentages of children, ages 0-9 (13.8%), youth, ages 10-14 (7.1%), and teens, 15-19 (8.3%).
- ◆ Spurred by the recent economic downturn, unemployment has more than doubled from 2000 to 2009.
- ◆ 17.9% of the population lives at or below the poverty level and 39.9% are at or below 200% of poverty.

- ◆ Less than half the population in L.A. County (49.7%) has more than a High School Education
- ◆ 54.1% of residents speak a language other than English in their homes; Spanish is spoken most frequently, among 37.9% of resident households.

Leading Causes of Death

- ◆ When adjusted for age, the USC Norris Cancer Hospital service area has a considerably higher death rate (774.8 per 100,000) than that of the State (650.1).
- ◆ Heart disease, cancer and stroke are the top three leading causes of death.
- ◆ Among men, lung cancer, prostate cancer and colorectal cancer are the top three causes of cancer death and among the top ten leading causes of death.
- ◆ For women, lung cancer, breast cancer and colorectal cancer are the top three causes of cancer death and among the top ten leading causes of death and premature death.

Access to Health Care

- ◆ In L.A. County, 22% of adults and 7% of children are uninsured.
- ◆ Adults experience a number of barriers to accessing care, including: the high cost of medical care, no regular source of care (medical home), and linguistic isolation.

Cancer Incidence

- ◆ When age adjusted, prostate, lung and colon cancer are the top three cancer diagnoses for men from 2004-2008.
- ◆ Breast, lung and colon cancer have the highest incidence rates among women, when age adjusted.
- ◆ Black men show the highest risk of developing prostate, lung and colon cancer.
- ◆ White women have the highest age-adjusted incidence rates of breast cancer and Black women have the highest rates of lung and colon cancer.
- ◆ Hospital discharges for cancer in L.A. County indicate the most frequent cancer diagnoses are of the digestive organs/peritoneum (14.9%), lymphatic and hematopoietic tissue (14.6%), and genitourinary organs (12.6%). Breast cancer diagnoses accounted for 4.1% of hospital discharges in 2009.

Preventive Practices

- ◆ Among adult women, 83.4% had received a Pap smear in the last three years; and 63.6% received a mammogram in the last two years.
- ◆ For adults 50 and over in L.A. County, 71.1% had received the recommended screening measures for colorectal cancer.
- ◆ 16.3% of females, ages 12-26, have had the HPV vaccine.

- ◆ 20.8% of County residents always wear SPF 15+ sunscreen when they are out in the sun, 43.9% never wear sunscreen.

Social Issues

- ◆ In L.A. County, 34.8% of adults are overweight and 22.6% are obese.
- ◆ Almost one-quarter (23.3%) of all children are considered obese.
- ◆ 47.6% of adults and 40.2% of children consume fast foods one or more times a week.
- ◆ Among area residents, 15.2% of youth and 36.2% of adults are sedentary and participate in minimal activity during the week.
- ◆ 14.3% of the service area population smoke; 16.2% engaged in binge drinking.

Community Stakeholder Interview Findings

- ◆ Among interview respondents, increasing poverty and lack of access to health care are two of the biggest issues faced by residents of L.A. County.
- ◆ As a result of the poor economy, lack of health insurance, immigration, cultural issues, education, or a combination of these factors, people are not accessing primary care, not getting preventive screenings, and this leads to later cancer diagnoses and higher mortality rates.
- ◆ Community members are thinking a lot more about their health status – obesity and exercise, in particular. However, due to the primacy of economic concerns, it has not yet to lead to any real improvement.
- ◆ With the advent of health care reform, increased capacity and lowered barriers will be needed to allow for servicing the needs of the newly-insured; current capacity is insufficient – more clinics / more providers are required.
- ◆ There is a need for more effective collaboration among cancer organizations, health care professionals, patient advocates and the legal community, around public education and assisting patients and caregivers.
- ◆ Cancer care is provided in a disjointed fashion; patients have to fight to manage the system and coordinate their care; a ‘whole team’ approach and navigation services – to find and access services - are needed.
- ◆ What is needed are community education programs, cancer screenings, and information around healthy behaviors and preventive care.

Community Benefit Services Summary

Community Health Improvement Services

Activities carried out to improve community health.

Community Health Education and Support Groups

- Educational sessions are open to the community, free of charge. Sessions included: Yoga for those with cancer, Look Good Feel Better, Bladder Cancer, Colorectal Cancer, For Men Only, Prostate Cancer Forum.
- Support group sessions were dedicated to serving those dealing with breast cancer, J-Pouch, colorectal cancer, and a prostate support group for significant others. Printed educational materials on a variety of cancer prevention and treatment topics were made available to patients, families, community groups and the public, for no charge.
- Festival of Life - The 22st annual Festival of Life celebration was hosted by Norris Cancer Hospital and drew 700 attendees. The Festival is a celebration held for cancer survivors and their families and is open to the public. The Festival included inspirational speakers, testimonials and other events.
- USC Norris Cancer Hospital participated in and hosted a number of community-based outreach efforts to raise awareness of cancer and encourage prevention activities. This year, a number of events were coordinated for cancer outreach, including an adolescent and young adult cancer prevention event, and USC campus-wide breast cancer awareness events. Additionally, the USC hospitals participated in a prostate cancer awareness walk/run event for the Los Angeles community.
- The hospital helps support Young Adult cancer outreach and education in the community.

Health Care Support Services

- CancerHelp is a computer-based cancer education program from the National Cancer Institute. This education tool was made available to patients, staff and the public.
- The Image Enhancement Center assists with appearance and body image issues as a result of cancer treatment. Services are open to the community and include mastectomy prosthesis fittings. The Center engages a full-time Mastectomy Fitter.
- Taxi vouchers were made available to patients and families for whom accessing transportation is a barrier to accessing care. Complimentary meals were also made available to community volunteers, families and community members accessing health education and support group sessions.

Health Professions Education

Educational programs for physicians and medical students, nurses and nursing students, and other health care professionals and students.

Graduate Medical Education

The USC hospitals are clinical settings for 2,045 Interns, Residents and Fellows from the USC Keck School of Medicine.

Other Health Professions Education

- 16 USC Pharmacy students were assigned pharmacist preceptors.

Continuing Education

The hospital hosted a number of education events made available to health providers throughout the USC Keck School of Medicine, hospital staff and the provider community. Events included:

- Lunch & Learn - Norris Cancer Hospital hosted a series of Lunch & Learns open to health care professionals on a variety of cancer related topics. In FY12, over 190 professionals attended
- Seminars and workshops on a variety of cancer-related topics
- Breast Cancer conferences and workshop
- Stress reduction training
- Psychosocial Conference - The Department of Social Work offered its annual Psychosocial Conference in celebration of Social Work Month. This seminar was directed toward social workers, case managers, nurses, student and other health care providers. The conference was attended by 46 health care professionals from across L.A. County to address the special psychosocial needs of cancer patients and their families.

Research

Clinical and community health research, and studies on health care delivery that are generalizable, shared with the public and funded by the government or a tax-exempt entity; does not include the costs of proprietary research.

Clinical trials take place at the USC Health Sciences Campus. Administration and oversight are provided for all research studies that involve Hospital patients and facilities.

Cash and In-Kind Donations

Funds and in-kind services donated to community groups and other nonprofit organizations.

Contributions to nonprofit community organizations and charity events were made to:

- USC Good Neighbors
Donations support more than 411 community organizations that partner with USC to put children on the pathway to college, make streets safer for families, and offer activities and programs aimed at improving the health and well-being of residents in the neighborhoods surrounding USC's campuses.
- A donation was made to PADRES Contra el Cancer (Parents Against Cancer). PADRES is an organization committed to improving the quality of life for Latino children with cancer and their families.
- A donation was made to the Vietnamese Physician Association of Southern California Festival of Life to support cancer patients' quality of life.

Financial Summary of Community Benefit

Community benefit funding for the USC Norris Cancer Hospital and Keck Hospital of USC for FY12 (July 2011-June 2012) is reported as a combined entity and summarized in the table below.

Community Benefit Categories	Net Benefit
Charity Care ¹	\$490,674
Unpaid Costs of Medi-Cal and Other Means Tested Government Programs ²	\$36,089,384
Education, Research and Training ³	\$56,100,956
Other for the Broader Community ⁴	\$703,840
TOTAL COMMUNITY BENEFIT PROVIDED Excluding Unpaid Costs of Medicare	\$93,384,854
Unpaid Costs of Medicare	\$75,153,019
TOTAL COMMUNITY BENEFIT PROVIDED Including Unpaid Costs of Medicare	\$168,537,873

¹ Charity Care includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation.

² Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed. Estimated costs are based on the overall hospital cost to charge ratio. Includes Medi-Cal and other payers for which the hospital has contracts with that are means-tested

³ Costs related to the medical and health professionals' education programs and training, and medical research that the hospital sponsors.

⁴ Includes non-billed programs such as community health education, outreach, screenings, and support groups; cash and in-kind gifts, and community benefit operations.

Community Benefit Plan for FY 2013

In the year ahead, USC Norris Cancer Hospital will continue our focus on building community benefit infrastructure. Specifically, we will put systems in place to develop institutional support for community benefit and establish programs to address the identified unmet health needs in our community. We will establish leadership oversight for community benefit; initiate program planning, implementation, and evaluation; and enhance the sustainability of organizational and programmatic commitments. In order to accomplish these goals we will:

- Convene a Board level Community Benefit Advisory Committee to include community representatives to provide oversight and policy guidance for all charitable services and activities supported by the Hospital by fall 2012.
- Institute community benefit governance and oversight systems and policies in conjunction with the Community Benefit Advisory Committee by fall 2012.
- Annually track and report community benefit programs using Lyon Software CBISA.
- Initiate our new community grants program by January 2013.
- Initiate an employee volunteer program for community outreach by June 2013.
- Undertake a Community Health Needs Assessment to meet the IRS 501(r)(3) regulations to be completed by spring 2013.
- Develop an Implementation Strategy for approval by the Governing Board by June 2013.
- Widely distribute the Community Health Needs Assessment by June 2013.
- Use the results of the needs assessment to establish community benefit priorities and develop a plan for action that reflects the identified priorities in consultation with the community by June 2013.
- Institute programs that focus on communities with disproportionate unmet health needs by June 2013.
- Create a plan to communicate our commitment to community benefit to the public. Continue to update our web-based and written materials to reflect our nonprofit mission, financial assistance policies, and community benefit efforts by June 2013.
- Establish ongoing systems to document charity care and community benefit programs and associated costs by December 2013.

Contact Information

Address of Hospital Campus

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Web Address

www.uscnorriscancerhospital.org

Community Benefit Contact:

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