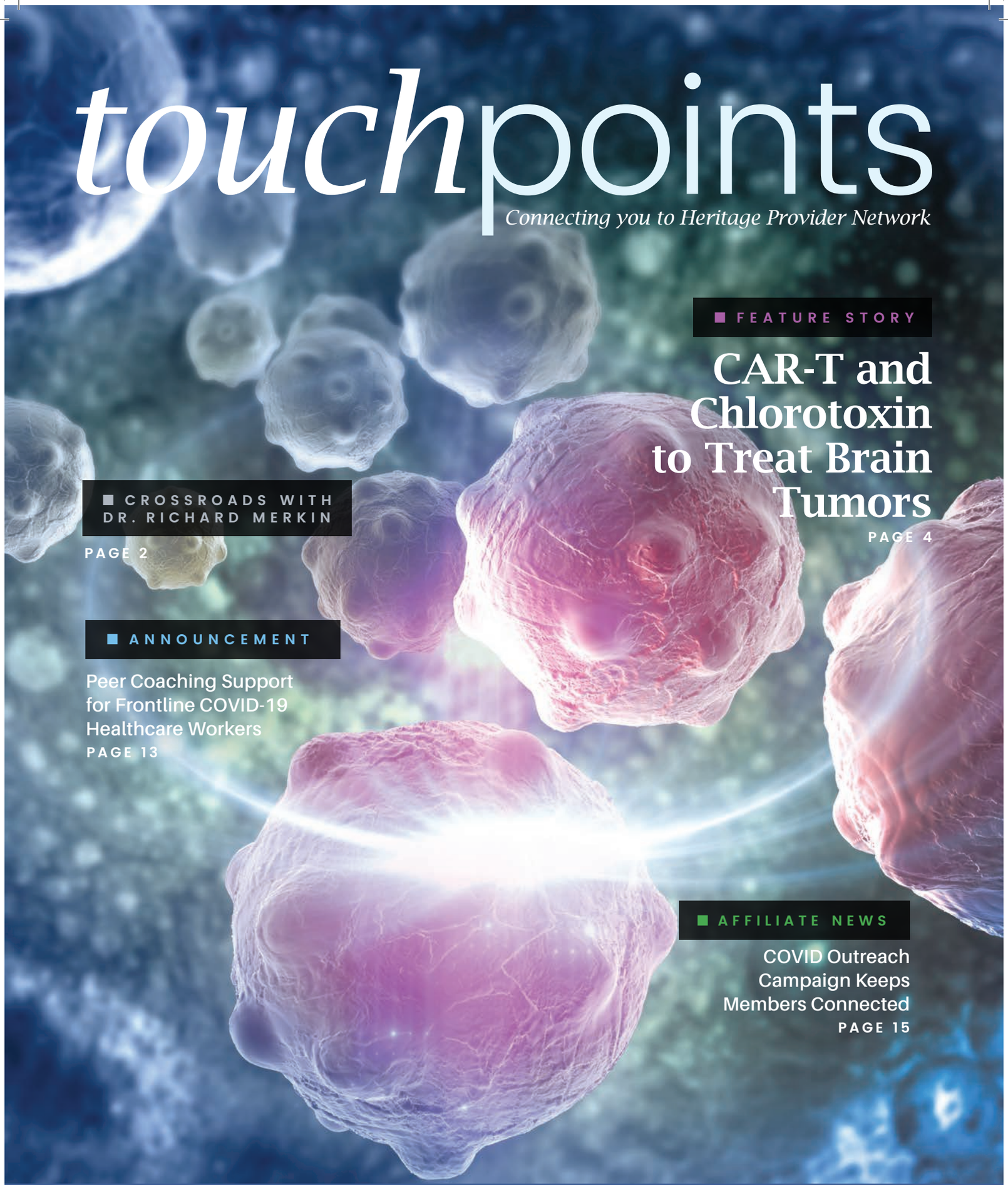
touchpoints

Connecting you to Heritage Provider Network



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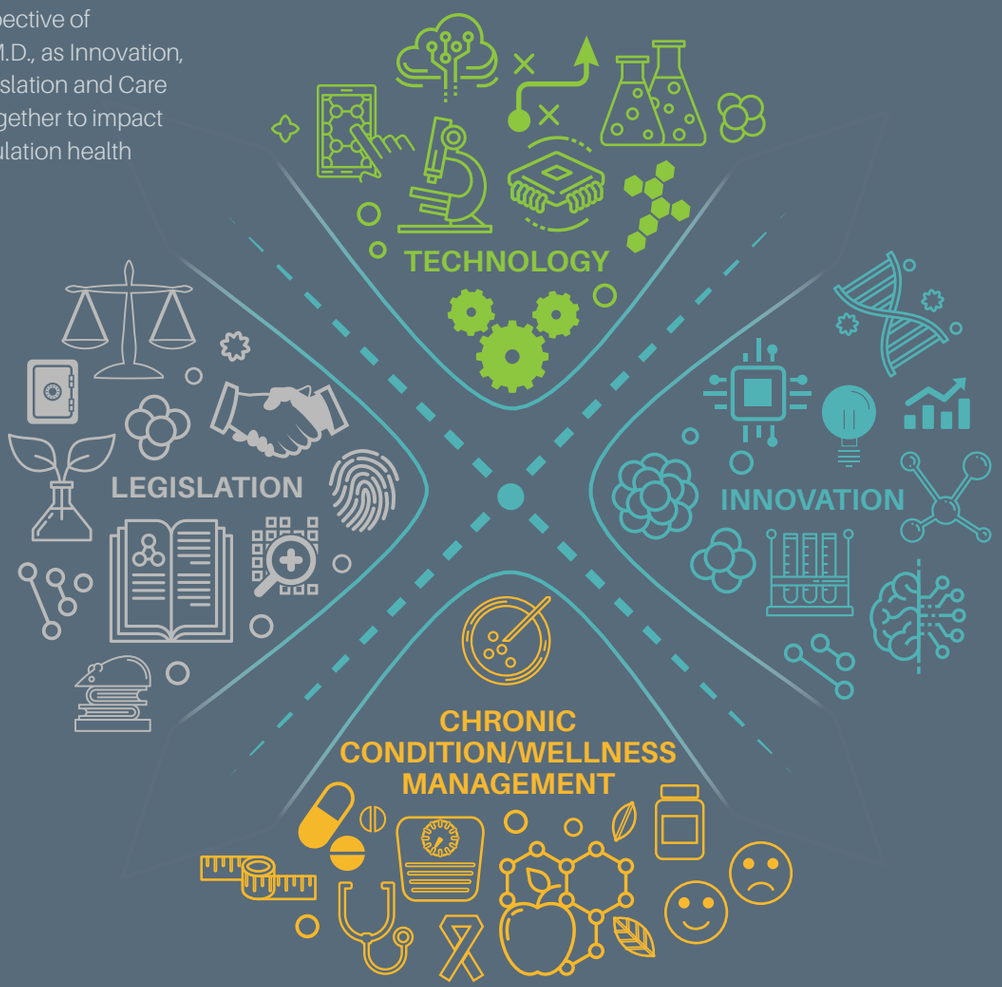
Crossroads

With Dr. Richard Merkin

The unique perspective of Richard Merkin, M.D., as Innovation, Technology, Legislation and Care Delivery come together to impact the future of population health

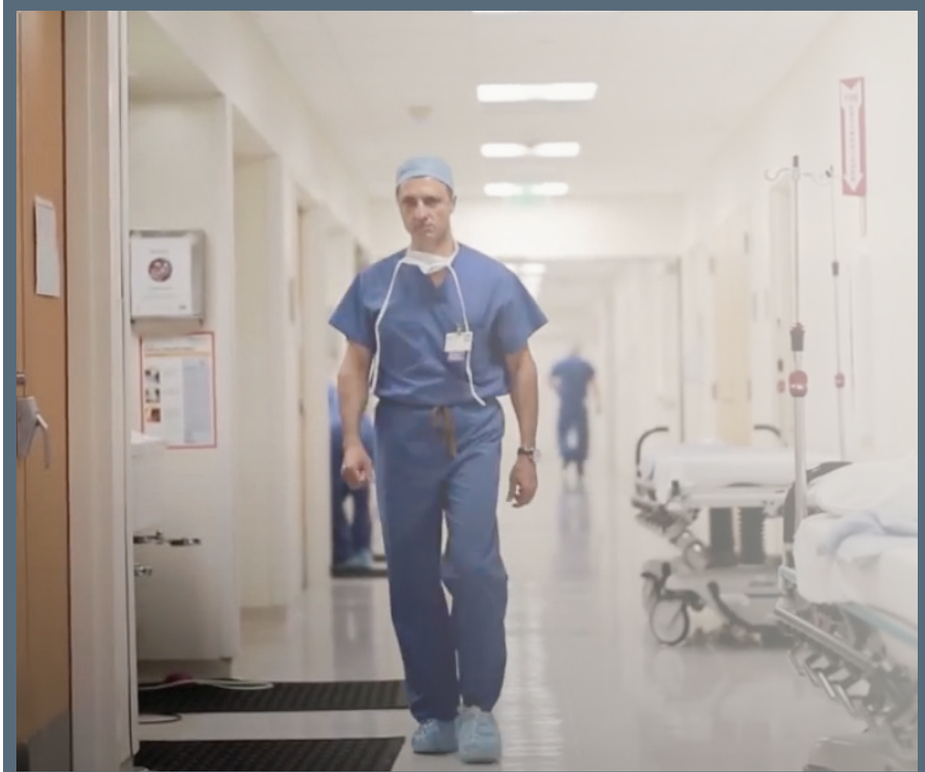


Meeting Cancer Head On Requires Going Beyond the Grey Area

As we continue to adapt our way of life during the coronavirus crisis, we examine how healthcare organizations and clinicians around the world must also alter the current way of treating patients. At City of Hope where they perform surgery on some of the most aggressive forms of brain tumor, treating patients who have been diagnosed with only months to live, requires the utmost attention and urgency.

"Dr. Badie and City of Hope pave the way to inspire other scientists and clinicians to collaborate in delivering results that are nothing short of remarkable"

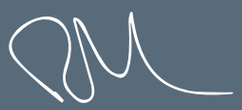
~ Richard Merkin, M.D.



In our feature article, Dr. Behnam Badie, a neurosurgeon and Heritage Provider Network professor at City of Hope is using a combination of CAR-T cell therapy with chlorotoxin, derived from scorpion venom, to treat and eliminate brain tumors at their core.

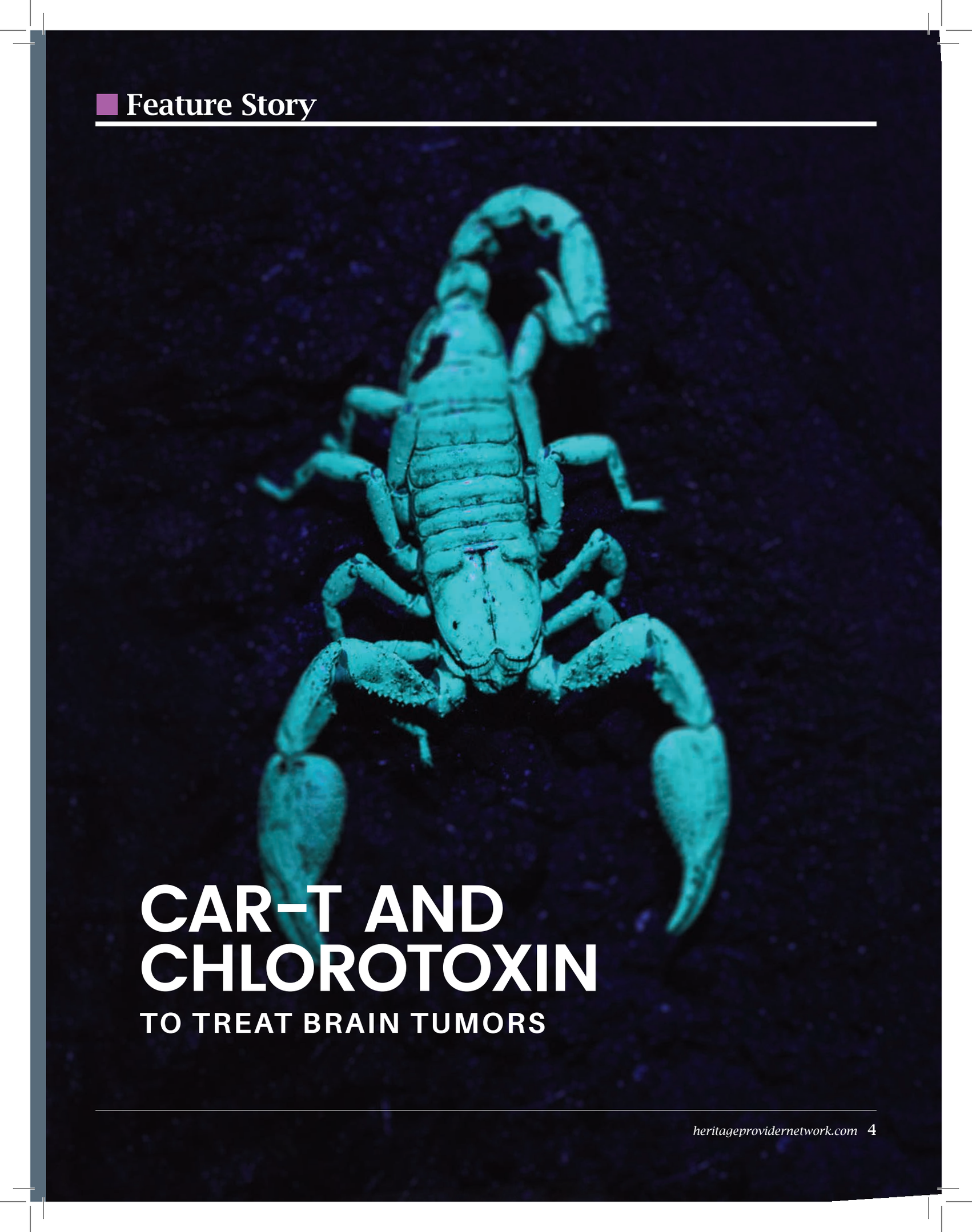
Armed with more than two decades of experience in neurosurgery and a profound motivation to find treatments to destroy cancer based on his own personal family tragedy, Dr. Badie and City of Hope pave the way to inspire other scientists and clinicians to collaborate in delivering results that are nothing short of remarkable.

We also want to highlight and recognize the tireless efforts of our dedicated affiliates and staff who continue to provide their time and energy to keeping our members and communities safe and healthy during these times.



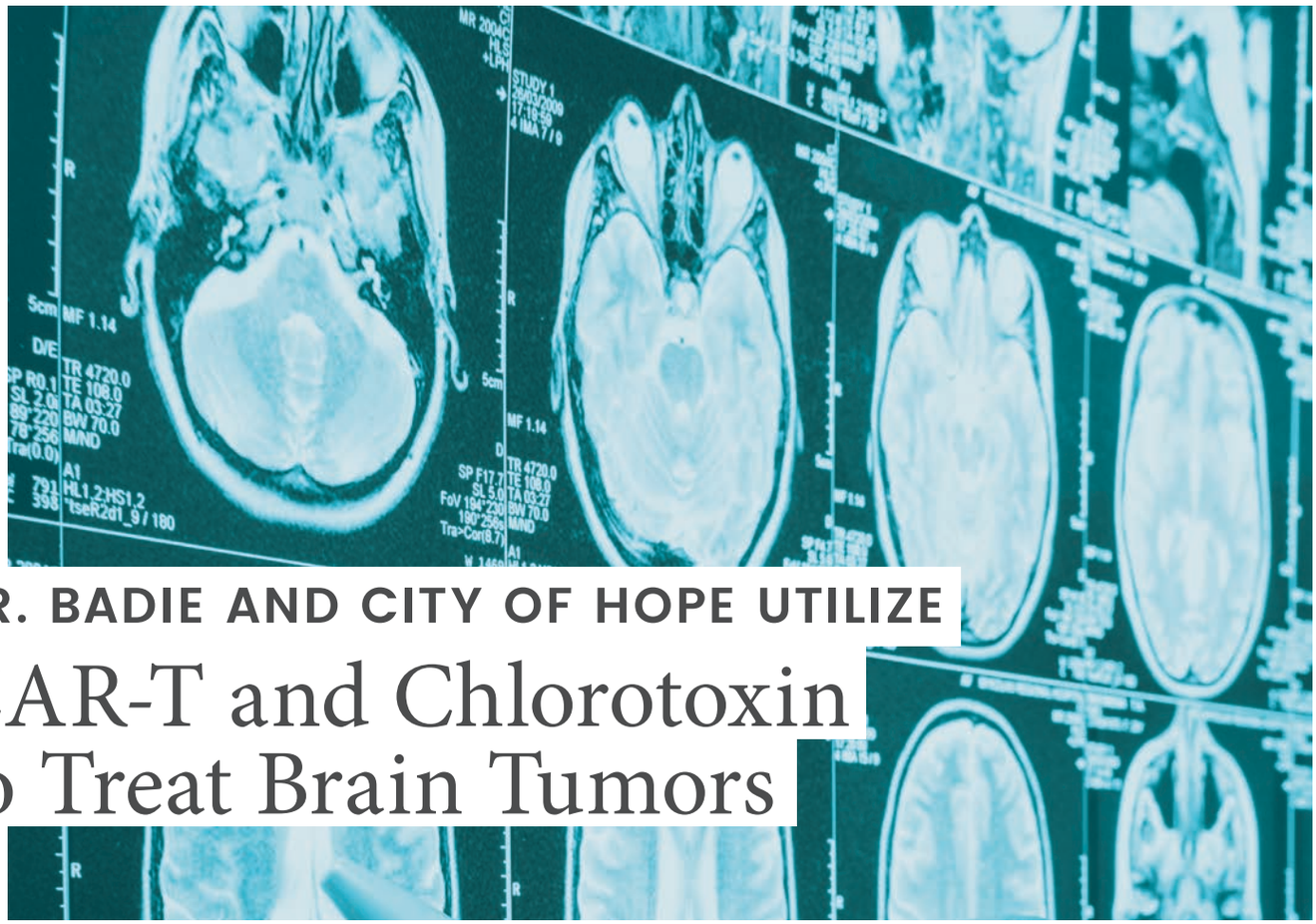
Richard Merkin, M.D.
President and CEO of HPN

Richard Merkin, M.D.
Healthcare visionary Richard Merkin, M.D., has spent the last 40 years implementing a successful, workable business model to address the needs and challenges of affordable managed healthcare.



CAR-T AND CHLOROTOXIN

TO TREAT BRAIN TUMORS



DR. BADIE AND CITY OF HOPE UTILIZE

CAR-T and Chlorotoxin to Treat Brain Tumors

City of Hope neurosurgeon and Heritage Provider Network professor uses groundbreaking discoveries to treat most aggressive forms of brain tumors

Behnam Badie, M.D., Brain Tumor Program director and chief of neurosurgery at City of Hope, has been a practicing neurosurgeon for over 25 years and was named a Heritage Provider Network Professor in 2019. HPN's professorship endowment of Dr. Badie's work is making a significant impact, propelling research forward to support his unique abilities and skills in delivering life-saving results.

At City of Hope, scientists have developed and tested the first chimeric antigen receptor (CAR) T cell therapy using chlorotoxin

(CLTX), a component of scorpion venom, to direct T cells to target brain tumor cells. City of Hope is also the first institution to implement the first in-human clinical trial using this form of immunotherapy

CAR-T CELLS: CANCER-KILLER BY DESIGN

First, it is important to understand how CAR-T cells function in the human body. CAR-T cell therapy works with the immune cells taken from the bloodstream. It is then reprogrammed to recognize and attack a specific protein found in brain tumors. Once programming is determined successful, the cells are reintroduced into the blood, or directly into the brain.

The newest form of CAR-T cell therapy used in current clinical trials, called "memory" T cells, remain in the body after attacking the cancer. Scientists and surgeons, like Dr. Badie, are optimistic these memory T cells will produce active cancer-killing cells capable of stopping future outbreaks.[1]

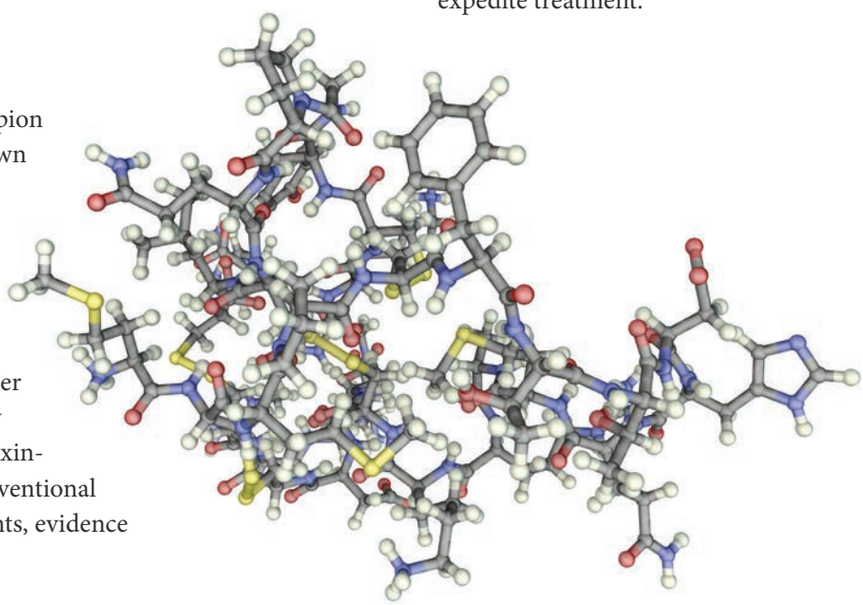
THE BINDING ELEMENTS OF SCORPION VENOM

Chlorotoxin (CLTX), derived from scorpion venom, when used with CAR-T has shown to bind glioblastoma cells where other glioblastoma-targeted CARs were unsuccessful in overcoming tumor heterogeneity and antigen escape.

This monumental discovery proves that chlorotoxin binding can capture a broader array of primary tumors than previously identified antigen targets. Using these toxin-based CAR-T cells are distinct from conventional CARs. In previous laboratory experiments, evidence supports that using CLTX proves to effectively prevent antigen escape. The continued success of using chlorotoxin provides a greater potential to conquer and destroy glioblastoma.[2]

While tumor heterogeneity remains a crucial challenge, phase I of the trial studied the side effects and best dose of CAR-T cells with CLTX in treating patients with glioblastoma (GBM), an aggressive type of cancer that can occur in the brain or spinal cord, that has come back (recurrent) or that is growing, spreading, or getting worse (progressive). Results have shown that vaccines made from a gene-modified virus may help the body build an effective immune response to kill tumor cells.[3]

Although CAR-T cells have shown to fight against glioblastoma, City of Hope strives to achieve a broader and more effective method of targeting tumors by creating a peptide-bearing CAR using the GBM-binding element of chlorotoxin. CLTX has the ability to bind a great proportion of tumors and tumor cells. While the results are promising, additional research must be done to further explore and expedite treatment.



[1]Source: www.cityofhope.org/research/car-t-cell-therapy/car-t-cell-therapy-for-brain-tumors [2]Source: https://stm.sciencemag.org/content/12/533/eaaw2672 [3]Source: https://www.clinicaltrials.gov/ct2/show/NCT04214392

Q+A

In an in-depth Q&A session, Dr. Badie provides greater insight into the multiple projects he's actively involved in at City of Hope and why they are crucial to the future of neuro-oncology. Most importantly, Badie explains how these discoveries will help to save and extend the lives of many who have been diagnosed with brain tumors.

Behnam Badie, M.D.

City of Hope Neurosurgeon and Heritage Provider Network Professor in Gene Therapy

Appointed as Professor, Department of Surgery; Chief, Division of Neurosurgery; Director, Brain Tumor Program

Heritage Network Provider (HPN) has been a longtime supporter of City of Hope (COH) and the groundbreaking work being done here. As an HPN professor, how has this support made a difference in your direct field of study with respect to moving your research forward?

Badie: Having the support from Heritage Network Provider affects many projects that are ongoing, not just one. Research is very expensive and funds for emerging ideas are scarce. Funds from HPN will allow me to be nimble and to explore promising projects, and to fund new ideas as they emerge.

How do you see your research evolving and what is your hope for the future of neuro-oncology?

Badie: The challenge for neuro-oncology is that we are dealing with very aggressive tumors. We have not been able to find a cure, at least not yet. It is also important to consider the survival rate. The survival rate has only increased by a couple months. Going back two to three decades when I became a neurosurgeon the survival rate was in the range of nine to twelve months. Now the average survival rate is about 15 months. It is an improvement, but we are still striving to make a greater impact in this area. It is a huge challenge.

The future of neuro-oncology would depend on finding and understanding the varying dynamics of these tumors and finding new drug therapies and different ways of targeting malignant cells. There are many limitations and nuances to consider in the approach to delivery of treatment. The approach will have to be multi-faceted and cannot

Image courtesy of City of Hope.

be one "silver bullet", so to speak. It would need to be through multiple and complimentary approaches, and my research addresses these limitations very well. We are not only addressing immunotherapy, but we are looking at the effect of inflammation on tumors, and inflammation on response to immunotherapy. I'm also working on devices that would help with the delivery of therapeutic drugs and cells into the brain. With this, several problems are addressed: inflammation, immune responses, drug delivery and tumor invasion. As mentioned previously, these tumors are very aggressive, and my projects address their invasive nature. It is important to consider all of these factors and I think that's where we will see the greatest impact in the future of neuro-oncology.

What was the experience like to introduce a new approach to tackling brain tumors?

Badie: It is not a new approach but more so an improvement of an old approach. One of the reasons why I came to City of Hope was because of the CAR-T cell technology. 15 to 16 years ago when I first arrived, the technology was still far from proven. City of Hope continued to invest and has in recent years lead a number of breakthrough improvements in the technology. Now that the technology has improved, it has become a hot area of research. It has been a roller coaster experience, but I think our perseverance and focus eventually has paid off.

Can you share more about the chlorotoxin T cell trial?

Badie: Many labs are looking for new CAR-T cell targets, as are we. Chlorotoxin CAR-Ts may be an improvement in our current CAR technologies and I'm very excited to be part of the team to test them in our clinical trials. But as we examine the safety and efficacy of these cells, our studies also look at potential barriers that may impact their function. One such barrier is the immunosuppressive tumor microenvironment. The reengineered CAR-T cells have the potential of killing tumor cells. However, tumors may suppress the activity of CAR-T cells and hinder their migration into the brain tissue to target invasive cells. Part of my work is to study and address this suppression and develop ways to enhance the efficacy of not only the CAR-T cells, but also other immunotherapies for glioblastoma. Eventually we plan to combine these methods and treatments with CAR-T cells to enhance their efficacy.

Dr. Badie and City of Hope continue to wage the war against brain tumors and other forms of cancer. Their commitment and diligence to advancing research forward is a testament to their dedication and contribution to the world.

What is the expected timeline as you have multiple clinical trials? How do you foresee the next phase?

Badie: The chlorotoxin trial is just getting started. We treated our first patient this month. I think as we get more experience with the safety, the next 2 years would probably be combination CAR-T cell therapies and then combining CARs with other treatments. Hopefully, in the next 5 years we will be able to optimize the best treatment at our institution and proceed with phase 2 clinical trials.

You were speaking earlier about the timeline and the diagnosis and survival rates after diagnosis. What is the current findings of CAR-T extending that survival time?

Badie: The initial trial involved very challenging patients, and included those patients who probably had weeks to live. Even putting all of those patients together it appears that we have doubled the expected survival rate compared to other historic comparison groups. Having said that, data from our more recent trials are actually looking even more promising. We have unpublished data and I'm not ready to discuss yet, but our preliminary findings are very encouraging. We have seen a few patients that have responded exceptionally to CAR-T cells and we are trying to understand what is special about those patients who previously failed other treatments but responded to CAR-T cells. Hopefully, we will have answers to these questions within the next few years.

"Heritage Provider Network proudly supports the ongoing efforts that City of Hope is making toward building a better and healthier future for all of us," adds Dr. Richard Merkin, President and CEO of Heritage Provider Network. "Innovative scientific discoveries such as CAR-T and chlorotoxin are just the beginning of what we can expect from City of Hope."

Image courtesy of City of Hope.

What makes brain cancers different than other cancers?

Badie: One of the main challenges with these tumors is their heterogeneity. We label these tumors as glioblastoma but when you look at them with molecular techniques, you realize how different they are in different in patients. Even within the same patient, there may be islands of tumors that behave completely different from the rest of the tumor. It is important to really understand this heterogeneity when you develop new treatments against glioblastoma. If you look at lung or breast cancers, for example, you don't see this heterogeneity. In other cancers, most of the tumor cells share a common molecular aberration. So a single drug may get rid of most of the cancer cells. With glioblastoma, a single drug may kill only 30-40% of the tumor cells, and the rest of the cancer cells may be resistant to that drug. We are even seeing cases where brain tumors evolve and become more aggressive and this is really challenging. Brain tumors will require

multifaceted approaches that address various oncogenic pathways that are responsible for tumor heterogeneity.

We know you are involved in much more than CAR-T research. Is there anything else you would like to share about your work?

Badie: My laboratory is involved in a few exciting projects. One of the projects focuses on understanding tumor inflammation. I have always been interested in this area. In fact, if you go back and look at my publications from 20-30 years ago, you'll find that my lab was one of the few that studied inflammation in brain tumor models. Now it is a very hot topic. The current project that looks at the effect of a protein called RAGE, began serendipitously shortly after I moved to City of Hope. While eating lunch in the cafeteria one day, I ran into the late Dr. Rabhar, who discovered Hemoglobin A1C in patients with diabetes. As we discussed our projects, I learned about the RAGE protein that is involved in inflammation in diabetic patients. In my lab, we tested a few brain tumor samples and noticed that the same protein was present in glioblastoma. We now know that this protein is not only a major contributor to tumor inflammation, but also, a contributor to tumor invasion. So by targeting it, we can both slow tumor migration and enhance the anti-tumor immune response. Currently, we are developing drugs that can inhibit RAGE in brain tumors. There are also side projects that look at the effect of RAGE on brain injury, and brain trauma from surgery. These are really exciting projects that are spin-offs from our main interest in understanding tumor inflammation.

As an HPN professor, you are a researcher and a clinician who spends time with patients. Can you share with us how you have been treating patients during this COVID-19 pandemic?

Badie: Treating patients during COVID-19 was a huge challenge. Everything stopped. Surgeries, clinical research and even laboratory research activities were halted. For the patients who were interested in our CAR-T cell clinical trials, traveling by plane became a risk. We had to protect our patients and staff, but at the same time, could not stop treating our very sick patients. Most patients with glioblastoma have a limited life span and we could not stop their treatment. So we continued to treat patients who were already on protocols and within a few weeks, started enrolling new patients. All this work was done while meticulously screening our patients with a COVID-19 test that was developed at City of Hope. So far things have worked out well. None of our CAR-T cell subjects have contracted COVID-19. Again, thanks to our institution for being very careful and implementing initiatives that protected patients at the outset of the pandemic. Every patient is tested before surgery and before they undergo the leukapheresis collection and before every CAR-T cell treatment. That has really helped us with addressing patient safety and minimizing risks of exposure to COVID-19.

"Chlorotoxin is another CAR-T that is very promising that we would eventually combine with other methods and treatments for a more holistic approach. This will ensure optimization of the effectiveness of the CAR-T cells."

~ Behnam Badie, M.D.

How long were you unable to perform surgeries after COVID-19 was announced?

Badie: All the surgeries were stopped for about two weeks. But as soon as the institution developed a COVID-19 test, we began screening patients and resumed surgeries for patients with malignant tumors. All the elective and less urgent surgeries were postponed by 2-3 months. We are almost back to normal activity now.

Merkin Institute Propels COVID-19 Research at Caltech

COVID-19 poses an unprecedented challenge for the global scientific community. The rampant spread of the viral infection is an urgent call for researchers to develop and translate a new body of knowledge into novel tools to confront the disease. At Caltech, the Merkin Institute for Translational Research is empowering teams of researchers to meet this worldwide threat.

Although no researcher at Caltech was studying coronaviruses before the pandemic, many groups had highly relevant expertise and new ideas about how to help fight the virus and its effects. To help mobilize their efforts, Caltech's Merkin Institute for Translational Research offered grants to fund projects relevant to COVID-19. "Caltech faculty bring their unique experience, technologies, and innovative capacity to this complex problem," says Barbara Wold, director of the Merkin Institute and Bren Professor of Molecular Biology. "We want to enable them to move boldly and rapidly."

With the support of President Thomas F. Rosenbaum and Provost David A. Tirrell, and guidance from the Merkin Institute's faculty executive committee, more than 50 proposals were considered, and 21 new projects and working groups were funded for an initial six-month period. Reflecting the interdisciplinary nature of the COVID-19 pandemic, the funded investigators come from five of Caltech's six divisions. Many of the grants support projects that meet urgent needs, while others focus on longer-term impact. High-risk, high-reward projects were encouraged with the expectation that some will come to fruition as planned, some will not, and others will change greatly as our understanding of the new disease unfolds.

One of the grant recipients, Matt Thomson, assistant professor of computational biology and Heritage Medical Research Institute Investigator, is adapting experimental and computational approaches previously developed in his laboratory to monitor gene expression profiles and to discover potential inhibitors of so-called cytokine storms, which are severe immune reactions that can occur as a result of coronavirus infection. Another group of projects, including those led by Caltech professors Pamela Bjorkman and André Hoelz, are examining the biochemistry and structural biology of proteins and protein complexes that interact with the virus to better understand the infection process and to identify novel targets that may inhibit it.

Niles Pierce, professor of applied and computational mathematics and bioengineering, is one of several faculty members working on novel approaches to testing. He is modifying technology that he created to amplify and analyze genetic material so that it can be used for a simple and inexpensive home test for COVID-19 infection.

Meanwhile, Robert Grubbs, Victor and Elizabeth Atkins Professor of Chemistry and Nobel laureate, is using his grant to

THE COMPLETE LIST OF GRANT RECIPIENTS IS:

- **Ralph Adolphs**, Bren Professor of Psychology, Neuroscience, and Biology; director and Allen V. C. Davis and Lenabelle Davis Leadership Chair of the Caltech Brain Imaging Center
- **Pamela J. Bjorkman**, David Baltimore Professor of Biology and Bioengineering
- **Judith L. Campbell**, professor of chemistry and biology
- **Tsui-Fen Chou**, research professor of biology and biological engineering
- **Bil Clemons**, professor of biochemistry
- **Michael B. Elowitz**, professor of biology and bioengineering, Howard Hughes Medical Institute Investigator, and executive officer for biological engineering
- **Wei Gao**, assistant professor of medical engineering
- **Robert H. Grubbs**, Victor and Elizabeth Atkins Professor of Chemistry
- **Cindy Hagan**, research assistant professor of neuroscience
- **André Hoelz**, professor of chemistry and Howard Hughes Medical Institute Investigator
- **Rustem F. Ismagilov**, Ethel Wilson Bowles and Robert Bowles Professor of Chemistry and Chemical Engineering, and director of the Jacobs Institute for Molecular Engineering for Medicine
- **Dean Mobbs**, assistant professor of cognitive neuroscience and Chen Scholar
- **Lior S. Pachter**, Bren Professor of Computational Biology and Computing and Mathematical Sciences
- **Rob Phillips**, Fred and Nancy Morris Professor of Biophysics, Biology, and Physics
- **Niles A. Pierce**, professor of applied and computational mathematics and bioengineering
- **Douglas C. Rees**, Roscoe Gilkey Dickinson Professor of Chemistry, Howard Hughes Medical Institute Investigator, and dean of graduate studies
- **Axel Scherer**, Bernard Neches Professor of Electrical Engineering, Applied Physics and Physics
- **Shu-ou Shan**, Altair Professor of Chemistry and executive officer for biochemistry and molecular biophysics
- **Yu-Chong Tai**, Anna L. Rosen Professor of Electrical Engineering and Medical Engineering, Andrew and Peggy Cherng Medical Engineering Leadership Chair, and executive officer for medical engineering
- **Matt Thomson**, assistant professor of computational biology and Heritage Medical Research Institute Investigator

develop spray-on antiviral coatings for use on plastics and surfaces we encounter daily. Dean Mobbs, assistant professor of cognitive neuroscience and Chen Scholar; Cindy Hagan, research assistant professor of neuroscience; and Ralph Adolphs, Bren Professor of Psychology, Neuroscience, and Biology, and director of the Caltech Brain Imaging Center, are leading projects to understand the impact of stress and isolation.

Established in 2019, the Merkin Institute was made possible through a gift from Dr. Richard Merkin, a Caltech trustee and the founder of Heritage Provider Network. Wold noted that the challenges presented by COVID-19 aligned directly with the Institute's core mission to help Caltech scientists realize the full biomedical potential of their discoveries and inventions. The Merkin Institute supports all steps in the translational process, from basic discovery through to clinical application.

"Combatting the most pressing health care emergency of the 21st century requires a cross section of translational data and physical science efforts," says Merkin. "I'm thrilled that the Institute is able to identify and execute on so many promising translational projects."

After the initial six-month funding ends, additional resources will be offered for the most promising COVID-19 related projects and for new translational research endeavors.

CMA Wellness Offers Peer Coaching Support for Frontline COVID-19 Healthcare Workers

California physicians (M.D. and DO), nurses and respiratory therapists providing emergency or intensive services to acutely ill COVID-19 patients can receive coaching sessions from trained peer wellness coaches.

Care 4 Caregivers Now is an initiative of the California Medical Association Wellness Program (CMA Wellness), which organizes volunteer physicians and nurses to serve as remote peer care coaches, which is one of the few demonstrated methods for reducing frustration and burnout and improving resilience for some physicians.

CMA Wellness combats physician burnout through a formal partnership with Stanford University's WellMD program to build cultures of wellness with individual physicians and health care organizations.

"As brave clinicians risk personal health during the COVID-19 pandemic, California must support the well-being and resiliency of healthcare workers," said Emily Coriale, PharmD, COO of CMA Wellness. "They risk emotional burnout from the burdens of separation from family, and constant worry of infection as they care for patients. Providing wellness solutions must be part of the response."

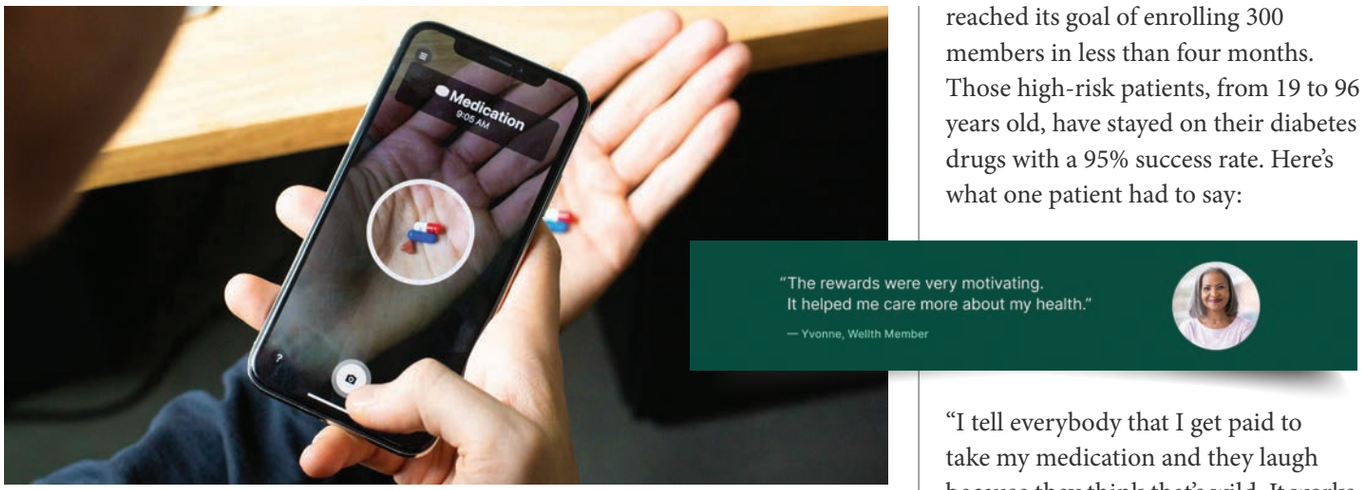
> "As brave clinicians risk personal health during the COVID-19 pandemic, California must support the well-being and resiliency of healthcare workers."
> *~ Emily Coriale, PharmD, COO of CMA Wellness*

The launch was made possible by financial support from Mercury Insurance, donated personnel and expertise from Empowering Women Physicians, the Heritage Provider Network, and the USC Marshall School of Business.

Care 4 Caregivers Now is accepting applications from healthcare workers impacted by COVID-19 to receive professional and emotional support in a confidential and virtual setting. Those looking to serve as coaches, or to be paired with a practice coach can sign up by visiting care4caregiversnow.org.

Learn more at CMAdocs.org/Care4Caregivers

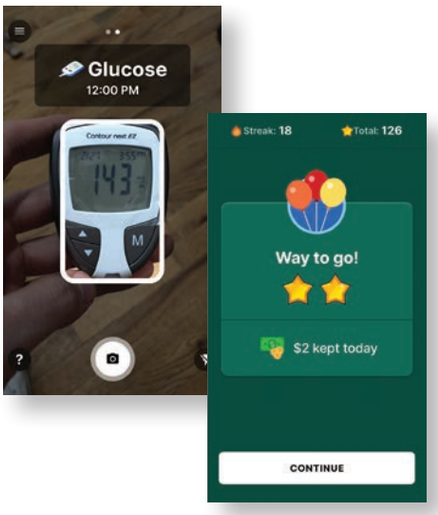
DESERT OASIS HEALTHCARE PARTNERS WITH
Wellth for Diabetes Rewards Program



Some patients with diabetes have a difficult time sticking to their care plans, and forgetting to take their medications can be even more dangerous for the health of high-risk patients. That's why Desert Oasis Healthcare (DOHC) joined forces with Wellth to help patients build healthy habits while earning up to $360 in a 12-month program.

Patients with Type 2 Diabetes in the Wellth program begin each month with a "reward balance" of $30. Each day, they use the Wellth app to check in with a photo of their medications in their hand or of their blood sugar reading. It allows them keep their reward balance for that day. Each day they miss loggin in on the app, it costs them $2 from their reward balance. At the end of the month, if they haven't missed a day on the app, they get paid $30.

Patients have loved the Wellth program since its launch in March 2020. It reached its goal of enrolling 300 members in less than four months. Those high-risk patients, from 19 to 96 years old, have stayed on their diabetes drugs with a 95% success rate. Here's what one patient had to say:



"I tell everybody that I get paid to take my medication and they laugh because they think that's wild. It works great. To be perfectly honest, it's the best thing because my blood sugar has improved dramatically since I started the program."

During COVID-19, the Wellth program is providing a bit of extra money to patients who may be having a tough time making ends meet. "Type 2 Diabetes can be a tough chronic condition to treat effectively, especially when a patient may not always remember if they took their medication or checked their blood sugar that day," says Lindsey Valenzuela, PharmD, APh, BCACP, Administrator of Population Health and Prescription Management (PHARxM™). "The Wellth program is giving us essential information about our patients' daily behaviors. We call that a win-win."

Arizona Priority Care's COVID Outreach Campaign Keeps Members Connected

Arizona had made national news over the summer as a hotspot with rising cases of coronavirus and decreasing hospital and ICU capacity. With another partial shutdown and the governor actively supporting masks, social distancing, washing hands and staying home when sick, the state has been able to mitigate the rising number of new cases. Although this remains promising news, as Governor Doug Ducey said in his press conference on Aug 13, 2020, "We are not taking a victory lap". Arizona Priority Care (AZPC), is also doing their best to lessen the impact of COVID-19 on their members, their families and caregivers, and providers through this challenging public health crisis.

In March, when the national emergency was declared, the organization quickly and thoughtfully mobilized to support their community. They began with a COVID Outreach Campaign telephoning members to provide evidenced-based information about COVID-19 including preventive measures, evaluation for any signs or symptoms, assessment for needed resources to address food scarcity, medication refills, social isolation, and needed visits with their PCP or with Home Wellness NPs. If concerns were identified, referrals were made to the care management department. Many members were able to be converted to 90-day medication refill via mail delivery decreasing visits to the outpatient pharmacy. To alleviate loneliness, depression and anxiety from social isolation, the marketing department connected with members for virtual events such as virtual bingo and virtual tours to NASA, museums, and national landmarks.

The AZPC clinical team also developed a COVID Care Program designed to provide more intense outreach to any member testing positive for the coronavirus. Members are identified through concurrent hospital reviews, prior authorization reviews, Health Information Exchange (HIE) and their partnership with Sonora Quest Laboratories. The program ensures that members have the proper education, resources and support through high touch care management, provider telehealth visits, and coordination with the member's PCP to maintain their health and avoid unnecessary utilization. Members in this program have an initial NP virtual visit followed by frequent follow up calls or virtual visits from the care managers. They have also created wellness boxes for members in this program with tissues, hand sanitizer, a thermometer, a pulse oximeter, masks, our clinical services information, and community resources.

To enable effective telehealth visits with members who did not have tablets or smartphones, AZPC purchased tablets delivered to the member prior to a scheduled visit. These methods further support providers in their ability to continue to deliver and expand care through telemedicine.

The overall mission is to facilitate quality care and provide excellent service through their physician partnerships and innovative member-centric clinical programs. Finding themselves in a pandemic with little control of national response and recovery, they manage to provide compassionate care and unwavering support to their local community as they strive to be agents of change for the delivery of exceptional healthcare. AZPC would like to thank all the community heroes, the healthcare and essential workers, the first responders, the community volunteers, and everyone else who has extended their hand to help another in need.

HERITAGE SIERRA MEDICAL GROUP CREATES MEANINGFUL CONNECTION FOR SENIORS

The current coronavirus (COVID-19) pandemic continues to impact communities. To combat the negative socio-economic implications of COVID-19, Heritage Sierra Medicare Group (HSMG), launched its virtual Medicare education program to connect local seniors with available resources in Los Angeles County, in the Antelope and Santa Clarita Valleys.

The program includes a series of virtual seminars and articles available to the public on their social media and website pages. You can find them by visiting HeritageSMG.com or their Facebook page, HeritageSierraMedicalGroup.

In an effort to familiarize and educate seniors, the marketing department at HSMG researched information from reputable sources relating to healthcare resources, financial and prescription assistance programs, and benefit access through social security and Medicare coverage options.

To-date, the educational content has received a combined 1,138,081 views and counting. This level of viewership is attributed to providing seniors access to the program's content as early as May of 2020.

Continued support for virtual education has inspired topic-specific content such as early or unplanned retirement and the impacts of isolation to seniors' mental health. HSMG continues to find methods to ease the effects of COVID-19 on their senior population and as a way to comfort their community during these uncertain times.

HIGH DESERT MEDICAL GROUP'S
360 Fitness Zone Goes Virtual to Keep Members Fit

High Desert Medical Group's 360 Fitness Zone gym may not be open due to the Covid-19 pandemic, but thanks to the group's fitness coordinator and the HDMG Health Education department, the fitness programs for seniors are operating. As the pandemic forced them to close, they came up with new ways to keep their senior members fit.

When the full service, well-appointed gym had to close its doors until Covid-19 recovery issues were resolved and restrictions lifted, fitness operations coordinator Susan Proctor made use of the emerging technologies to stay connected to her gym class regulars. HDMG currently provides Cardio, Weights and Bands class virtually via Zoom three days a week. Moreover, it is just as she described. Offering gym class remotely, she is giving live direction on a workout that stresses building cardio and muscle strength with weights and bands.

She noted that the 360 Fitness Zone gym on the clinical campus in Lancaster "prior to the pandemic, had more than 300 patients who would come daily and take classes."

The virtual classes are available to the Medicare Advantage members at High Desert Medical Group, as well as extended to all of those enrolled in regularly scheduled health education classes. Many of HDMG's senior cohorts have used their laptops to maintain their health and fitness regimes.

"Most of our health education classes are available online, and I think our patients are getting accustomed to having that as an option," said Cheryl Mashore, Director of HDMG's Health Education and fitness programs.

Proctor makes the same accommodations and flexible training for her HDMG virtual classes online that she does at the facility gym. "We have modifications for everyone," Proctor said. "You can take this class with a walker, or participants can sit or stand for class depending on their physical capabilities."

As the long haul of the novel coronavirus pandemic settled in, Proctor did not settle. She started reaching out to HDMG's seniors to get them back on the training cycle.

"I also have been doing one-on-one appointments," she said. "It's one-on-one personal training virtually."

"I will call our members and we talk for about 15 minutes to see what their needs are, establish if there are any injuries, and then I put together a program specifically designed for that patient," Proctor said. "About once a week I am able to send a new video, recorded on Zoom, with a link they can save to their desk top."

Some of the "Silver Sneakers" certified classes are on the HDMG.net website, so the online fitness buff can take the instruction at their convenience.

Online classes are included for people coping with arthritis, sitting and stretching, fall prevention and strength training, there is even kick boxing to get you moving! She promises her students a workout for backs, biceps, triceps, chest, and core training.

"I see results in four weeks," she said, noting one elder student with a shoulder "practically frozen" by arthritis had difficulty with a two-pound weight, and soon was lifting 10 pounds. "I said, 'show-off," she added, laughing.

Proctor has been at the 360 Zone for four years. Certified as a personal and group trainer, she is getting ready to climb Mt. Whitney soon, her first venture up the tallest peak in the lower 48 states.

Rafael Gonzalez, Administrator at HDMG, said, "Although we are unable to provide full service operations as we would like, we continue to communicate to our seniors and all HDMG patients that we are here for them, and that we will find a way to provide them the best quality service, even during the pandemic."

For more information and to find HDMG's virtual exercise videos, visit http://hdmg.net/wordpress/healtheducation/#1

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