

■ Who's Who ■

The Top 15 Managed Care Executives in L.A. County

MEDICAL DIRECTOR
HUNTINGTON PROVIDER GROUP



DR. Geoffrey Graham heads the largest independent provider association in Los Angeles County. The Pasadena-based group contracts out the services of some 800 primary care physicians and another 1,800 medical specialists to over a dozen HMOs in South-

ern California.

The group is a subsidiary of Burbank-based Unihealth, a non-profit health care organization that owns eight Southern California hospitals and has been struggling financially.

One health care analyst, however, said that Huntington is "holding together as a unit" and appears to be a relative bright spot in the Unihealth organization because of its continued growth.

Graham joined HPG last April after serving as president and medical director for five years for Family Health Care in Ventura County, a small IPA with health care facilities in Simi Valley and Thousand Oaks.

"Huntington Provider Group is almost seven times larger than Family Health Care, both in the number of patients and in geographic area," Graham said. "As such, the challenge is to meet the needs of a much larger entity that's growing at a more rapid rate than any other managed care group in the area."

Perhaps the biggest challenge is in walking a tightrope between providing the high quality of health care patients expect and doing so in a cost-effective manner, as health care costs continue to rise.

"It is getting tougher to do because this whole industry is getting tougher," said Sharon Olson, chief executive of HPG's sister organization, Huntington Provider Services. "We have to look at both sides of the equation. We have a real focus on quality of care first and financial issues second. We think that's the appropriate business decision, not to mention the appropriate moral, ethical and legal decision."

Because Graham only recently left his medical practice, he is especially qualified to direct HPG's physicians and policies, Olson said.

"Geoff has this focus on quality of care which, I believe, is absolutely vital," she said. "As a physician, he can understand, identify and empathize with the challenges patients face in assessing health care."

In his brief time on the job, Graham has initiated roundtable and educational discussions twice a month for physicians and specialists to help them stay abreast of the changes in health care. He's also begun outreach efforts to other medical providers in the community, including physicians, hospitals and ancillary service companies.

"The most important goal that I have is to see that the quality of care provided by HPG continues to improve," Graham said. "The level is already quite high; I want to see it continue to advance."

PRESIDENT
CIGNA HEALTHCARE OF CALIFORNIA



KEEPING the books for a major automaker and running a health maintenance organization may seem disparate occupations, but Cigna Healthcare's Bud Volberding said experience in one world complements the other.

Volberding, who has an MBA in finance and a business management degree from Wayne State University in Detroit, got his start as a financial manager for Ford Motor Co.

"Ford was and is a very good financial training ground," notes Volberding. "That experience applies to any business, including health care."

Volberding, who joined Cigna in February 1997, sees financial acumen as a major ingredient in the success of any HMO. "The major challenge we face is being competitively superior and offering a product and service that our customers and members desire to purchase," he said. "My role as president is to accomplish that."

Using the financial expertise he acquired at Ford Motor Co., Volberding went on to a career in health care. In his current capacity as senior vice president of Cigna of California, Volberding oversees the tri-state region of California, Washington and Oregon, generating over \$1.7 billion in revenue and serving 1.1 million members.

In an effort to identify problem areas, Volberding says Cigna retained the Gallup organization to conduct monthly surveys on member satisfaction. It discovered that one of the things that annoyed members was the difficulty in attaining referrals to a specialist.

To remedy that problem, Volberding says Cigna instituted "Access Advantage," an automatic referral service. "A member goes to a primary care physician and gets an instant referral when leaving. There's no waiting," he said.

Of course, like most HMOs, Cigna has to battle complaints from patients and advocacy groups.

Just this month, Cigna lost a lawsuit brought by a Long Beach woman who challenged the HMO's binding arbitration system. A state appeals court ruled that the woman has the right to bypass arbitration and file suit over her claim that Cigna doctors were negligent in failing to deliver her baby by Caesarean section, resulting in brain damage.

Volberding, however, insists that Cigna tries to put patients first, citing steps he took to give women direct access to obstetricians and gynecologists without the need for a referral. Those measures resulted in higher approval ratings by Cigna members.

"While most health plans measure member satisfaction annually or quarterly, we do it monthly," he said. "It's part of our competitive advantage, I think."

Off the job, Volberding enjoys water sports, including kayaking and power boating. Like his role as an HMO administrator, "both (require) high performance," he said.