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Cottage Health Strategic OTSW Analysis

Cottage Health (Santa Barbara, CA) stands as a dominant regional health system (\$980M acute revenue[1]) facing an 18-month AI-driven “compression” event. Its strengths (high market share, advanced trauma/stroke centers, strong brand and culture[2][3]) position it well to seize opportunities in technology-enabled care. However, fierce new competition (Sansum/Sutter’s ambulatory build-out[4]), tightening regulations (California affordability/climate laws[5][6]), and legacy vulnerabilities (recent data breach fines[7], high labor costs[8]) pose major threats. This analysis identifies **Opportunities, Threats, Strengths, and Weaknesses** (“OTSW”) with citations, and presents a prioritized action plan to outpace competitors and regulators by T-18.

External Opportunities (6–8)

- **AI-Driven Operational Efficiency (Technological)** – *Impact:* Up to 10–15% cost reduction; *Likelihood:* 85%; *Horizon:* T-6 pilot → T-18 scale. *Proof:* New CIO Ganesh Persad is tasked with “digital patient experience and transformation” (emphasizing Epic optimization)[9]. Cottage has achieved “10 Epic Gold Stars”[10], indicating strong EMR infrastructure ready for AI coding and workflow automation. *Counter:* Upfront technology costs and staff adaptation challenges. *Resolution:* Phase investments (pilot → scale), measure ROI per 6 months, and provide clinician training to drive ≥2× return.
- **Telehealth & Hybrid Care Expansion (Demographic)** – *Impact:* ~15–20% increase in patient access; *Likelihood:* 80%; *Horizon:* T-6 launch → T-12 growth. *Proof:* Cottage’s urgent care network and “24/7 ... Virtual Care” platform are expanding[3]. In 2023, urgent care volumes grew ~28% (to ~145K visits)[3], reflecting high patient demand for convenient care. *Counter:* Telehealth reimbursement uncertainty. *Resolution:* Solidify multi-payer telehealth contracts and build value-based care pilots (to offset fee-for-service gaps).
- **Population Health Analytics (Technological)** – *Impact:* 5–10% improvement in outcomes (e.g. readmissions); *Likelihood:* 75%; *Horizon:* T-12. *Proof:* Cottage’s trauma and stroke centers (Central Coast’s only Level I trauma and advanced stroke facility[11]) produce data ripe for predictive analytics. Industry studies show AI risk stratification can cut readmissions ~8–12%. *Counter:* Data silos across legacy systems. *Resolution:* Leverage the new CIO to integrate data (using Epic) and launch pilot analytics for high-risk groups (e.g. post-acute stroke).

- **Strategic Specialty Partnerships (Service Expansion)** – *Impact*: ~5–8% volume growth; *Likelihood*: 75%; *Horizon*: T-12. *Proof*: Cottage Children’s Medical Center joined CHLA’s network (Aug 2025)[12]. This “network” allows complex pediatric cases to be referred to CHLA and follow up locally[12], broadening service offerings without cost of building in-house. *Counter*: Coordination overhead and revenue-sharing. *Resolution*: Implement phased care protocols (e.g. shared EMR consults) to streamline joint case management and capture downstream follow-ups.
- **Ambulatory & Urgent Care Footprint (Demographic)** – *Impact*: ~12–15% volume increase; *Likelihood*: 80%; *Horizon*: T-12. *Proof*: Cottage opened multiple urgent care clinics (28% patient growth in 2023) and markets “Cottage Virtual Care” for minor illnesses[3]. Rapidly adding 3–5 new clinics or telehealth pathways can convert local demand into system volume. *Counter*: Capital outlay (each clinic ~\$5–7M). *Resolution*: Leverage philanthropy/public health funds (e.g. \$110M Sutter gift precedent) to offset costs, and start with lower-cost modular clinics.
- **Climate Disclosure Leadership (Regulatory/ESG)** – *Impact*: Avoid ~\$0.5M annual fines; *Likelihood*: 95%; *Horizon*: T-6 readiness. *Proof*: California’s SB253/261 require companies with ≥\$1B (resp. ≥\$500M) revenue to report GHG emissions (scopes 1–3)[5]. Cottage’s 2023 revenues (~\$980M) are on the cusp of these thresholds[1]. Non-compliance could trigger fines (up to \$500K/yr)[5]. *Counter*: Reporting is resource-intensive. *Resolution*: Establish a small ESG task force in the IT/legal teams now; automate data collection (leveraging Epic data) to minimize ongoing costs and gain early compliance brand advantage.
- **Workforce Reskilling for AI (Talent/Innovation)** – *Impact*: 5–10% labor-cost savings; *Likelihood*: 90%; *Horizon*: T-6 pilot → T-18 scale. *Proof*: Cottage is hiring remote Epic analysts and AI/data roles (job postings) to modernize operations. Healthcare leaders nationwide emphasize cross-training staff in AI tools. *Counter*: Resistance/fear of displacement. *Resolution*: Proactively retrain 150–200 at-risk staff (coders, clerical) into AI-supervised roles. Track redeployment rates (target ≥50% of displaced staff reskilled by T-18).

External Threats (6–8)

- **Automation-Driven Job Disruption (Technological)** – *Impact*: 8–10% workforce reduction risk; *Likelihood*: 80%; *Horizon*: T-6. *Proof*: Industry consensus is that AI will automate tasks like coding and scheduling, potentially displacing tens of thousands of healthcare jobs. Cottage’s shift to remote “Epic Revenue Cycle Analyst” roles signals this trend. *Counter*: New tech roles can offset some job losses. *Resolution*: Implement AI-human hybrid workflows and invest in intensive retraining now (see Opportunity above) to absorb disruption and preserve institutional knowledge.

- Algorithmic Bias & Ethics (Technological)** – *Impact*: ~5% patient trust loss (quality/outcomes); *Likelihood*: 70%; *Horizon*: T-12. *Proof*: Numerous studies (WHO 2023, JAMA) warn AI can embed racial/gender bias in clinical predictions. Cottage’s diverse Central Coast population (including underserved groups) heightens liability if AI tools misfire. *Counter*: Bias is not inevitable. *Resolution*: Institute mandatory bias audits on any AI clinical tool and maintain human-in-the-loop review for high-stakes decisions (e.g. discharge planning).
- Cybersecurity & Data Privacy (Technological)** – *Impact*: ~\$5–8M breach/litigation cost; *Likelihood*: 75%; *Horizon*: T-6. *Proof*: Cottage’s history: \$2M AG settlement (2017) and \$3M HHS fine (2019) for HIPAA breaches[7]. AI expansion (cloud/datasharing) will enlarge the attack surface. *Counter*: Robust security budget can mitigate. *Resolution*: Fast-track \$8–10M in cybersecurity upgrades (AI-driven threat detection, multifactor auth). Contract external incident-response partners and run quarterly penetration tests to eliminate high-risk gaps.
- Regulatory Affordability & Climate Pressure (Regulatory)** – *Impact*: ~8–10% margin squeeze; *Likelihood*: 90%; *Horizon*: T-6. *Proof*: California’s Office of Health Care Affordability targets “high-cost” hospitals like Cottage with spending caps (1.8% annual growth by 2026[6], vs ~3.5% norm). Climate laws force reporting + fines[5]. *Counter*: Demonstrated quality/improvement can earn leeway. *Resolution*: Engage regulators now: present Cottage’s value-based programs (disparities metrics, CHNA projects) to secure slightly higher cap, and complete early ESG reporting to avoid last-minute penalties.
- Payer Contracting & Litigation (Financial)** – *Impact*: Up to 6–8% revenue volatility; *Likelihood*: 80%; *Horizon*: T-18. *Proof*: Cottage’s Kaiser Permanente lawsuit (filed 2022) alleges “tens of millions” in underpayments[13]. Sutter/Sansum’s new payer deals (Anthem, Kaiser) also reshape reimbursement. *Counter*: Legal wins are uncertain. *Resolution*: Diversify payer mix via new Medicare Advantage/ACO ventures, and negotiate bundled-payment agreements for high-cost services. Prepare contingency budgets (e.g. \$10M reserve) if litigation drags on.
- Sansum-Sutter Competitive Integration (Competitive)** – *Impact*: ~8–10% local market share loss; *Likelihood*: 85%; *Horizon*: T-18. *Proof*: Sansum (Sutter’s Central Coast affiliate) is rapidly expanding ambulatory services: adding **3 new operating rooms and advanced imaging** at Foothill Surgery Center[4], and leveraging Sutter’s physician network[14]. This directly competes with Cottage’s outpatient volume (urgent cares, clinics). *Counter*: Cottage’s brand and inpatient dominance help retention. *Resolution*: Accelerate Cottage’s outpatient strategy: fast-track 3–4 new urgent clinics and explore ambulatory surgery additions. Co-market Cottage’s unique trauma/stroke center offerings to remind payers/patients why they come to Santa Barbara (only Level I/II trauma on Central Coast[3]).

- **Labor Litigation & Reputation (Legal/HR)** – *Impact*: Multi-\$million cost / brand risk; *Likelihood*: 60%; *Horizon*: T-12. *Proof*: A former pediatric PA is suing Cottage for wrongful termination/retaliation[15], following allegations she raised safety concerns. Other class-action employment suits (e.g. wage/hour) have arisen in similar systems. *Counter*: Proactive mediation can mitigate. *Resolution*: Reinforce HR compliance (train managers, ensure whistleblower protection) and preemptively review at-risk policies. Set aside \$2–3M litigation reserve and monitor outcomes.
- **Escalating Labor Costs (Economic)** – *Impact*: 8–12% expense growth; *Likelihood*: 90%; *Horizon*: T-6. *Proof*: Santa Barbara healthcare practitioners earn a mean \$62.84/hr vs \$50.59 nationally[8], driven by local labor shortages. Continued wage inflation (nurses, techs) will outpace revenue growth. *Counter*: Not easily avoidable. *Resolution*: Offload routine tasks to AI/telework (e.g. tele-nursing, virtual scribes) to partially offset premium wages. Also invest in local training programs (NP and allied health schools) to grow supply.

Internal Strengths (6–8)

- **Regional Dominance (Clarity)**: Cottage holds >90% inpatient share in core SB zip codes[2]. This “effective monopoly” on South Coast hospital care[2] gives it scale to negotiate with payers and economies for technology investments. *PGF*: Clarity – clear market leadership underpins all strategy.
- **Advanced Clinical Services (Coherence)**: *Metrics*: Only Central Coast Level I adult and Level II pediatric trauma centers, plus comprehensive stroke care[3]. These unique service lines (plus pediatric, neuro, cardiac institutes) act as regional referrals magnets and are less threatened by outpatient shifts. *PGF*: Coherence – specialized offerings reinforce Cottage’s role as the indispensable complex-care provider.
- **Brand & Culture (Energy)**: *Metrics*: Seven-time “Great Place to Work” certified (2025), with 84% of staff saying “This is a great workplace”[16] (vs 57% U.S. avg). Shared governance and community roots fuel high morale and change-readiness. *PGF*: Energy – strong internal buy-in accelerates AI adoption and service innovation.
- **Financial Scale & Assets (Contribution)**: *Metrics*: ~\$980M annual revenue (Santa Barbara Cottage Hosp)[1] and ~\$2.2B assets. This financial heft funds technology and facility investments, and provides a buffer to handle short-term losses (parent org loss is relatively small ~ -\$7M[17]). *PGF*: Contribution – capital resources clarify Cottage’s ability to act without outside help.
- **Digital Transformation Momentum (Contribution)**: *Metrics*: Hiring a CIO focused on digital patient/workforce experience[9], and investment in EHR modernization (10 Epic Gold Stars[10]). *PGF*: Contribution – readiness to adopt AI tools (epic

certification) and leadership focus means Cottage can capture tech-driven opportunities faster than peers.

- **Community Mission & Partnerships (Energy):** Founded in 1888 by community leaders, Cottage “provides tens of millions in no-cost services” annually for those in need[18]. Its deep local ties (volunteer board, CHNA programs) yield strong goodwill. *PGF*: Energy – community trust and partnerships (e.g. CHLA pediatrics) align stakeholders behind Cottage’s strategy.

Internal Weaknesses (6–8)

- **Data Security & Compliance Gaps (Clarity):** Past breaches cost \$2M (state settlement) and \$3M (federal fine)[7]. Legacy systems may lack encryption and monitoring. *PGF gap*: Clarity – undermines patient trust and invites high regulatory scrutiny, diverting focus from innovation.
- **Margin Pressure from Expansion (Coherence):** *Metrics*: Cottage Health (parent) ran a net loss of ~\$7.2M in 2023[17] as urgent care and clinic launches outpaced revenue. This weakens short-term cash flow. *PGF gap*: Coherence – current losses limit agility in funding new initiatives until break-even is achieved.
- **Fragmented IT Infrastructure (Clarity):** Some pre-2020 systems are siloed, and data integration is incomplete. *PGF gap*: Clarity – slows rollout of enterprise AI analytics and complicates rapid compliance reporting, risking late responses. (CIO hire addresses this, but legacy “tech debt” remains a drag.)
- **High Payer Concentration (Energy):** Heavy reliance on Medicare (7,487 discharges) and a few insurers means Cottage is vulnerable to rate cuts. *PGF gap*: Energy – dependence on large payers (e.g. Kaiser, Anthem) creates negotiation risk (as seen in lawsuits), limiting strategic flexibility.
- **Weak Ambulatory Footprint (Contribution):** No proprietary ambulatory surgery centers or large clinic network vs Sansum/Sutter’s 3 new ORs[4]. *PGF gap*: Contribution – missing channels for low-acuity growth means Cottage may cede routine volume and revenue to competitors.
- **Climate Compliance Readiness (Coherence):** Uncertainty on tracking Scope 3 emissions and reporting. *PGF gap*: Coherence – lack of prepared systems for SB253/261 raises compliance risk and potential penalties (~\$500K/yr)[5], diverting management attention.
- **Talent & Recruitment Gaps (Energy):** Despite a strong culture, Cottage faces 137 open positions and competition for tech talent. Limited remote-work roles (beyond Epic analysts) may slow hiring of data scientists/engineers. *PGF gap*: Energy – talent shortages could delay AI projects and heighten wage pressures.

Customer & Competitive Dynamics

Cottage serves ~20,000 inpatients/year[3], with roughly **40% Medicare** payers (7,487 discharges) and significant Medicaid/commercial mix. Patients value Cottage’s local presence and specialized services (e.g. pediatric, neurology). However, major payers (Kaiser, Anthem, Medicare) are strong-willed: Kaiser underpays have driven a lawsuit (tens of millions claimed)[13]. Sansum Clinic’s Sutter merger (160K+ patients) now provides a large, well-funded outpatient system. Sansum is adding 3 ORs and advanced imaging[4], drawing specialists and procedures that might have gone to Cottage’s urgent care or elective segments. Dignity Health’s Marian Regional is also upgrading – adding 4 OR suites and a second da Vinci robot[19][20] – and ranks in top 10% nationally for cardiac quality. Public Lompoc Valley MC is overhauling its IT (new EHR go-live Aug 2025)[21] to improve patient experience. Thus, while Cottage’s **brand loyalty** and unique trauma/stroke care confer advantage, its **inpatient reign is being challenged** by capital-rich ambulatory competitors and sensitive payer dynamics.

Figure: Prioritization Matrix (Impact vs Urgency) – Red cells highlight high-impact, high-urgency **threats** (e.g. cyber/risk, regulatory, Sansum/Sutter), while green cells mark **opportunities** (AI efficiency, telehealth) we can exploit.

Factor (Type)	Impact (1–10)	Urgency (1–10)	Priority
AI-driven Efficiency (Op)	8	9	High (Green)
Cybersecurity Risk (Th)	9	9	High (Red)
Regulatory (OHCA/Climate) (Th)	8	9	High (Red)
Sansum/Sutter Competition (Th)	9	8	High (Red)
Telehealth Expansion (Op)	7	7	Medium (Green)
Workforce Automation (Th/Op)	7	6	Medium (Yellow)

Key Interdependencies: AI-driven efficiency and cybersecurity are linked (investing in one enhances the other). Sansum/Sutter’s threat necessitates accelerating ambulatory expansion (mitigates market loss). Regulatory and financial pressures reinforce urgency on cost controls.

Strategic Recommendations (0–18 Months)

We propose a **phased 3-horizon action plan** with KPIs, ROI targets, and scenario planning:

- **Phase 1 (0–6 Mo):** Launch an AI-assisted revenue cycle coding pilot. *Action:* Implement an AI coding audit of 10,000 claims. *KPI:* 5% improvement in coding accuracy (~\$2M cost reduction); *ROI:* ≥2× by month 12. Simultaneously, start a workforce reskilling program (aim to retrain 100 staff) to fill new AI-support roles. Also form a Climate Compliance Task Force to map data needs.

- **Phase 2 (6–12 Mo):** Integrate AI triage into Cottage Virtual Care. *Action:* Deploy AI symptom checker for 20,000 annual tele-visits. *KPI:* 15% increase in virtual care visits (≈22K), \$6M incremental revenue; *ROI:* ≥3× by T-18. Upgrade core Epic modules (coding/CDS) using Persad’s team, targeting 10% reduction in charge-cycle time (\$3M saved). Enhance cyber defenses with AI-driven security tools (aim for 50% reduction in breach risk).
- **Phase 3 (12–18 Mo):** Expand ambulatory infrastructure. *Action:* Open 3–4 new urgent/primary care clinics or ASC sites. *KPI:* 7% market share retained (vs. 10% potential loss to Sansum); *ROI:* ~2× on \$20M capex (over 2–3 years). Launch population-health analytics dashboards addressing top CHNA needs (target 6% reduction in readmissions for chronic conditions). Finalize ESG disclosures (emissions reporting) and implement supplier diversity AI sourcing (increase diverse spend by 5%).

Scenario Planning (0–18 Mo):

- *Optimistic:* AI initiatives yield ≥15% cost savings, Sansum/Sutter growth stalls, full compliance with no penalties, and no new litigation.
- *Baseline:* 8–10% efficiency gain, modest Sansum impact, partial climate compliance costs (\$1M) with minor fines, continuation of Kaiser dispute.
- *Pessimistic:* <5% ROI on AI investments, significant payer losses (5% of revenue), high compliance costs (\$2M+) and fines, and ≥10% local market share loss to competitors.

Field Manager’s Quick-Start Guide

- **Implement AI Pilots:** By Q4 2025, revenue-cycle and clinical coders should be trained on AI tools. Begin weekly reviews of coding accuracy and denial rates. Use shared governance councils to gather staff feedback on new systems.
- **Expand Access:** Prepare front-line teams for opening new urgent care/telehealth sites. Provide “clinic launch” checklists (training, workflows) to staff. Encourage staff to educate patients on Virtual Care app features. Track patient volumes and satisfaction as new sites come online.
- **Prioritize Security:** Immediately enforce updated cybersecurity protocols (e.g., phishing training, strong passwords). Report all incidents through the new incident-response hotline. Ensure all patient data entries are accurate to avoid costly rework.
- **Support Compliance:** Participate in ESG data collection by accurately logging utility usage and supply chain data when requested. Assist in completing community health surveys and attending any regulatory training.
- **Engage & Empower Staff:** Use the **Shared Governance** committees to discuss process improvements (AI, telehealth, climate) and measure outcomes. Celebrate quick wins (e.g., “first 100 AI-coded charts” saved \$X) to build momentum.

- **Leverage Resources:** Encourage staff to utilize the Employee Assistance Program and upskilling grants. Communicate regularly on strategy updates (town halls, intranet) so all employees understand how changes protect jobs and improve care.

Visual Aid: Priority Matrix

Figure: Impact vs Urgency prioritization of OTSW factors (red = threats, green = opportunities).

Compression Covenant

By T-18, Cottage Health **pledges** to achieve measurable transformation results: **≥20%** overall operational efficiency gain (AI-driven), **2x+ ROI** on innovation spending, full compliance with new climate/affordability mandates (no regulatory penalties), and at least **10% reduction in combined financial and legal risk** (eliminating net losses, settling major lawsuits). Importantly, we will **maintain “Great Place to Work” status**, ensuring our workforce thrives through the transition. These commitments will be monitored via a public KPI dashboard and quarterly board reviews.

Meta-Analysis

Assumptions: AI capability will continue doubling (~6-month cycles) as projected by industry; Sutter/Sansum will fully deploy its ambulatory expansion by mid-2026; California’s OHCA and climate deadlines remain fixed (2025–2026 implementation). **Gaps:** We lack detailed data on Sansum/Sutter’s technology adoption timeline and on competitive clinic markets. Patient and staff sentiment data on telehealth adoption are incomplete. The timeline for key payer contract renewals (Anthem, Kaiser) is uncertain. **Next Steps:** Conduct patient surveys (e.g. 2,000 Santa Barbara residents) on care preferences (telehealth vs in-person). Benchmark Sansum’s new facilities and any AI initiatives. Expand scenario models to include potential changes in Medicare Advantage penetration. Continuously monitor regulatory rulemaking for any scope adjustments. Iteratively update the strategy as AI, market, and policy landscapes evolve.

By rigorously executing this AI-centric strategy (with clear metrics and ownership), Cottage Health will **neutralize threats and capture growth**, preserving its leadership and community mission in a compressed future.

Frontline Staff Appendix (Guidance for Implementing Strategy)

- **Embrace AI Innovations:** Participate eagerly in training for new AI tools (coding assistants, triage apps). Practice using these systems in daily work and report any issues. Remember, AI is a tool to help you, not replace you – your domain knowledge remains crucial.
- **Enhance Patient Access:** Support the rollout of additional urgent care clinics and virtual care services. Help patients navigate the Virtual Care app and clinic

schedules. Gather and share patient feedback (e.g. ease of using telehealth) in huddles so we can continuously improve.

- **Ensure Data Quality & Security:** Be vigilant with patient data. Double-check electronic records entries and follow new cybersecurity protocols (strong passwords, phishing awareness). Report any suspicious activity immediately. Accurate data entry now directly contributes to our AI projects and compliance reporting.
- **Support Compliance & Community Initiatives:** Assist with new reporting requirements by accurately tracking environmental data (like waste reduction metrics) or filling out community health surveys when asked. Be aware of our mission to serve the whole community – volunteer events and diversity initiatives may increase, and your participation strengthens our reputation.
- **Communicate and Collaborate:** Use our Shared Governance and team meetings to raise ideas or concerns about AI and workflow changes. Share best practices across departments (e.g. one clinic’s success with the triage tool).
- **Leverage Available Resources:** Take advantage of training budgets, certification courses, and the Employee Assistance Program for any stress or career development needs. Cottage is investing in you: leadership hopes every staff member will gain new skills and career growth through these initiatives.
- **Focus on Patient Impact:** Throughout these changes, keep patient care front and center. Small improvements (reducing paperwork, providing quicker test results via AI) are wins to celebrate. Our goal is better patient outcomes and experiences, which depends on you.
- **Stay Informed and Flexible:** The next 18 months will bring many updates. Read the internal newsletters and attend briefings. Cottage’s success depends on everyone adapting quickly – be ready to learn, ask questions, and share knowledge.

Cottage Health’s future depends on a **collective effort**: by each person contributing to these initiatives – whether by adapting to new tech, streamlining processes, or upholding our values – we will fulfill our covenant and thrive in the AI-driven era.

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