

SAN DIEGO BUSINESS JOURNAL

HEALTHCARE ROUNDTABLE

An Informative Q&A on Open Enrollment with  
SD's Top Healthcare Professionals



**Matt Bittner**  
*General Manager*  
California Schools VEBA



**Gene Rapisardi**  
*Market President*  
Southern California & Nevada  
Cigna



**Todd S. Beal**  
*Area Director, San Diego*  
Kaiser Permanente



**Ryan Olsen, MBA, MPH**  
*Chief Executive Officer*  
Palomar Health Medical Group (PHMG)



**Christopher Howard**  
*President and Chief Executive Officer*  
Sharp HealthCare



**Briana Cardoza, MPH**  
*Chief Business Development Officer*  
TrueCare



# HEALTHCARE

## ROUNDTABLE PARTICIPANTS

### California Schools VEBA

California Schools VEBA is a non-profit health care trust that delivers high quality, affordable and accessible health care for education, municipal and public agency employees. Formed in 1993 – through the combined efforts of school superintendents and school labor leaders – VEBA currently serves more than 65 participating employers and over 150,000 members, throughout Southern California.

To continue improving health care for its members VEBA launched the VEBA Resource Center (VRC) in 2019 to help members assess, identify and remove barriers to achieving optimal health. The VRC provides an extensive range of programs, classes, services and events for members to take a holistic and proactive approach to their overall well-being.



### Cigna

Cigna Corporation is a global health service company dedicated to improving the health, well-being and peace of mind of those they serve. Cigna delivers choice, predictability, affordability and access to quality care through connected, personalized solutions that advance whole person health, both in body and mind. With more than 170 million customer and patient relationships in more than 30 countries and jurisdictions, Cigna harnesses actionable insights that drive better health care results. Cigna's global workforce of more than 70,000 employees are dedicated to living its mission and being champions of their customers and communities each and every day.



### Palomar Health Medical Group

Palomar Health Medical Group is a multi-specialty, not-for-profit health care organization effectively operating as the outpatient arm of the Palomar Health integrated healthcare system and reflects its dedication to enhance the health and well-being of people living in our communities. Palomar Health Medical Group specializes in offering high-quality, individualized treatment close to home.

The organization combines the strengths of the formerly named Arch Health Medical Group and Graybill Medical Group to serve more than 186,000 patients who can access the award-winning skills of more than 200 primary and specialty care providers located in 12 cities and neighborhoods throughout northern San Diego County.



### Kaiser Permanente

At Kaiser Permanente, San Diegans are supported by their top doctors, leading workforce health programs, and award-winning disease management. With more than 9,000 staff and more than 1,400 physicians, they offer a full range of services at 30 facilities throughout the county, including the Kaiser Permanente Zion Medical Center and the San Diego Medical Center in Kearny Mesa.

Kaiser Permanente's unparalleled size and scale, combined with the industry's leading electronic health record system, allows them to deliver high quality, fully integrated care.

For more than 50 years, they have brought high quality, affordable care to San Diegans when and where they need it. Their Mobile Health Vehicle can deliver care to any community throughout the county. Its partnership with retail giant Target provides the opportunity to seek medical care at convenient locations. Kaiser Permanente members have access to care through video and tele-health appointments with a physician and can also download a mobile app to make appointments, contact their physician, view their lab results, find a location, and research health and wellness topics – anytime, anywhere.



### Sharp HealthCare

Sharp HealthCare has been widely acclaimed for its commitment to transform the health care experience for patients, physicians and staff through an organization-wide performance improvement initiative called The Sharp Experience. Under this initiative, Sharp's vision is to be recognized by employees, physicians, patients, volunteers and the community as the best place to work, best place to practice medicine, and best place to receive care.

Sharp is recognized for clinical excellence in cardiac, cancer, multi-organ transplantation, orthopedics, rehabilitation, behavioral health, women's health, home health and hospice services. The Sharp system includes four acute-care hospitals, three specialty hospitals, three affiliated medical groups, a health plan, and numerous outpatient facilities and programs. To learn more about Sharp, visit Sharp Health News.



### TrueCare

Marking its 50th year celebration in 2021, TrueCare (previously North County Health Services) celebrates a rich history of providing affordable quality healthcare and community resources to underserved communities in San Diego and Riverside counties, regardless of their income or insurance status. From its humble beginnings as a mobile unit traveling to those in need since 1971, TrueCare has cared for the community with commitment and compassion. With 11 health centers, TrueCare has steadily grown to be one of the premier healthcare providers. Today, TrueCare provides nearly 60,000 patients a year with high-quality healthcare services ranging from primary care, pediatrics, women's health, behavioral health, chiropractic and dentistry. In addition, TrueCare offers transportation services, community health outreach, insurance enrollment assistance, and case management programs. For more information go to [truecare.org](http://truecare.org).





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**Matt Bittner**  
General Manager  
California Schools VEBA



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*Employers need to understand that chronic disease is the primary driver of health care costs, so it's critically important to invest in employee health programs before illness occurs.*

**Gene Rapisardi**  
Market President,  
Southern California & Nevada  
Cigna



## What should employers consider when they select the benefit packages that will be offered to their employees?

### Matt Bittner, California Schools VEBA

One of the most significant challenges in healthcare today is the one-size-fits-all nature of benefits and the healthcare people receive. Employers should think deeply about the benefits they offer their employees and consider the generational, cultural, geographic and other differences among their employees. For example, VEBA offers a health plan that actually helps early career employees save for healthcare in retirement by taking advantage of compounding savings growth in a special purpose HRA (Health Reimbursement Arrangement). That same plan is offered alongside a more traditional plan that provides no-cost surgeries for many common procedures of those employees nearing retirement. While it can be challenging to be all things to all people, technology has dramatically improved the ability to personalize everything we do. One of the most effective ways to understand the unique preferences of your employees is to ask them. Develop a survey or conduct focus groups designed to understand if your benefits are meeting them where they are on their healthcare journey.

### Gene Rapisardi, Cigna

Employers need to understand that chronic disease is the primary driver of health care costs, so it's critically important to invest in employee health programs before illness occurs. The most cost sustainable and clinically effective benefits plans address disease before it manifests, or when it is in an early and manageable stage, through the strategic implementation of health engagement and well-being programs. Health engagement strategies have several effective components, but one component in particular can make a huge difference – a top-down commitment from the employer's C-Suite. When a culture of well-being starts at the top, it permeates an organization. Also critical to success is a partnership approach that includes not only the employer, but also the benefits advisor, the health plan and health care providers.

### Ryan Olsen, MBA, MPH, Palomar Health Medical Group (PHMG)

Employers should consider if the healthcare provider offers comprehensive services in close proximity to their employees. Depending on the size of the employer, you may need to offer several different healthcare options to cover the entire county. Another consideration is ancillary benefits such as offering employee wellness programs and mental health. At Palomar Health Medical Group, we offer regional coverage for employers with primary care and specialty services in proximity to North County patients and our affiliation with Sharp Community Medical Group, means that collectively we can provide services across the county.

### Todd S. Beal, Kaiser Permanente

There are several key considerations for employers when selecting health benefits for their employees:

- A benefits package that offers good choices for employees is essential for employee retention in a competitive marketplace.
- Value and affordability to ensure that benefit options are cost effective, important not only for short and long-term company financial stability, but that also align with contribution strategies that impact affordability for employees.
- Access and quality are essential considerations in plan offerings, so members can access care when they need it while ensuring the care provided is of the highest quality, leading to the best outcomes and improving employee health and well-being.

## How do employers ensure they offer high quality benefits packages to their employees?

### Matt Bittner, California Schools VEBA

In the spirit of open enrollment, now is a great time to check-in with the publicly available data focused on the quality of healthcare offered in the area. San Diego has incredibly strong HMOs, which are increasingly narrow, meaning they feature less and less providers. Double check the report card of your featured medical groups to ensure your employees are truly accessing the highest quality coverage available. VEBA has saved public sector employers millions of dollars by developing networks that incentivize VEBA members to use high quality providers. By directing our members





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\* Best Hospitals by Specialty, National Rankings," U.S. News & World Report, March 2, 2021, <https://health.usnews.com/best-hospitals/area/ca/scrippslajolla-hospitals-andclinics-6931130>.

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Chief Executive Officer  
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*Mental health and well-being are essential to total health. The effects of a pandemic on people have driven a significant increase in the need for mental health care.*

**Todd S. Beal**

Area Director,  
San Diego  
Kaiser Permanente

to doctors who get the care right the first time, our members are healthier and the utilization is lower. Don't be tempted by the ultra-low-cost, low quality health plan. It will cost you and your employees in the long-run. Check out OPA.CA.Gov for more information.

## Which health benefits do employees value most?

**Chris Howard, Sharp HealthCare**

Our goal is to provide a rewarding workplace and one way we do that is to help ensure we meet the health care needs of our employees and their families. Employees appreciate a range of benefits so they and their families can stay healthy and get the care they need when they need it. In addition to having access to high-quality care, employees value benefits that are affordable. We offer our team members options when it comes to medical, vision and dental benefits so they can choose what works best for them. We also offer a Flexible Spending Account and comprehensive wellness and employee assistance programs. We are committed to making health care coverage affordable for our team members and their families. Sharp subsidizes 100% of the cost of our basic, employee-only HMO plan and our basic employee-only dental PPO plan. We subsidize 75% of the cost of medical coverage for family members.

## What are the most important things to consider when choosing between HMO's, PPO's, and HSA's?

**Ryan Olsen, MBA, MPH, Palomar Health Medical Group (PHMG)**

HMOs are typically the cheapest with no or low-cost deductibles, small co-pays and typically lower patient spending caps, all in a physician network. PPOs allow you to choose any physician you wish without a referral but usually with much higher monthly premiums and cost-sharing. Health Savings Accounts (HSAs) must be tied to a high deductible plan and may offer the lowest monthly premiums of the three but may also have the highest potential costs if you visit the physician often, need surgery or have expensive medications. HSAs also offer tax-deductible contributions and savings and investment options that may help you pay for healthcare costs in retirement.

**Chris Howard, Sharp HealthCare**

It often comes down to how an individual wants to receive their health care. Some employees like HMOs because they typically offer a continuum of coordinated, high-quality care at a more affordable monthly cost. HMOs also provide a strong focus on preventive care which can help keep your workforce healthy. For example, they help ensure patients receive mammograms and blood pressure checks, as well as actively manage diabetes. PPOs offer more flexibility in that employees can receive care from doctors and specialists outside of a network, but that flexibility comes at a higher cost and may require more coordination on the part of the patient. Health savings accounts (HSAs) are like personal savings accounts, but the money in them is used to pay for health care expenses. An HSA can help people with high-deductible health insurance plans cover their out-of-pocket costs. Contributions to HSAs aren't subject to federal income tax, and the earnings in the account grow tax-free.

## What are ways that employers can reach, educate and motivate employees to engage in their open enrollment?

**Matt Bittner, California Schools VEBA**

Personalizing healthcare remains one of VEBA's strategic priorities and it is clear one must also personalize messaging and communication. Employees all receive information differently and it's important that you consider a broad range of channels. You may have some employees that want to meet face-to-face to discuss their benefits, while others would prefer receiving an SMS (text) the day their enrollment closes as a last-minute reminder. One strategy that continues to prove effective for VEBA is to communicate through employee advocates or employee advocate groups (such as a benefit committee or other employee organization). Given the magnitude of communication coming from employers, hearing from other employees can also be a powerful tool to differentiate messaging.

**Briana Cardoza, MPH, TrueCare**

Health insurance can be confusing and many people don't know or understand their options. Specifically, many individuals don't know they qualify for or are eligible for low or no-cost coverage and often







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**Chris Howard**  
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*While larger employers offer healthcare programs and benefits to their employees, many small businesses do not and it's important that they encourage their employees to understand their options by visiting the Covered CA website, meeting with an insurance broker, or leveraging community health centers like TrueCare.*

**Briana Cardoza, MPH**  
Chief Business  
Development Officer  
TrueCare

miss their chance to apply during Open Enrollment. While larger employers offer healthcare programs and benefits to their employees, many small businesses do not and it's important that they encourage their employees to understand their options by visiting the Covered CA website, meeting with an insurance broker, or leveraging community health centers like TrueCare. TrueCare provides complementary health insurance enrollment assistance to anyone in the public and often partners with small businesses to ensure their employees are well informed and their questions are answered in order to make informed decisions.

## **How can an employer conduct an open enrollment that is organized, efficient and considers both virtual and in-person resources?**

### **Todd S. Beal, Kaiser Permanente**

Planning and promoting is the key to the success of any open enrollment campaign. Components of a successful campaign include:

- Most health plans, including Kaiser Permanente, offer in-person and virtual meeting options. Offering both types will increase the success of your open enrollment.
- Promote, promote, promote! Advertise well in advance and require employee attendance.
- Communicating any new benefits or plan changes in advance to help employees prepare any questions they may have.
- Hold a follow-up Q&A session to address questions that arise after employees have the opportunity to review the open enrollment materials.

At Kaiser Permanente, our team stands ready to work with our business customers to ensure a smooth and successful open enrollment campaign for their employees.

## **How can employers help employees who are turning 65 or retiring understand what they need to know about Medicare?**

### **Chris Howard, Sharp HealthCare**

It's definitely a confusing and overwhelming time when people are turning 65 or retiring. It's critical that employees in this age group receive the right information about the importance of enrolling in Medicare at the right time and

so they can make the right choices about the many health plan options available to them and avoid any penalties. To help in that endeavor, we have Medicare specialists who provide accurate and timely information that individuals need to choose the best options for them. Our specialists visit employer worksites, hold virtual events, and offer the opportunity to schedule free one-on-one phone consultations so people have an opportunity to get their questions answered as they are guided step-by-step through the enrollment process.

## **What can health system CEO's do to control health care costs for patients and/or ensure they are getting the best deal for care?**

### **Gene Rapisardi, Cigna**

The best way to control health care costs is to prevent or manage chronic disease. In many instances, rising health care costs are addressed by simply shifting more of those costs to employees through increased deductibles, copays and coinsurance. While this may reduce costs for employers in the short term, it's just kicking the can down the road, because it's not addressing the real cost driver, which is preventable disease. Additionally, C-suite leaders should invite collaboration among all key stakeholders — employer, advisor/broker, health plan and providers — in order to address costs effectively. When all four stakeholders have a seat at the table, that's when you're best able to influence affordability, clinical outcomes, patient experience and provider experience -- what Cigna calls the “quadruple aim.” The goal must be a win-win-win-win outcome.

### **Ryan Olsen, MBA, MPH, Palomar Health Medical Group (PHMG)**

We must bring value to our patients, with the highest quality of care divided by the cost. We work collaboratively with our physicians and staff to optimize processes that will ensure patients experience ideal care while reducing inefficiencies. Automation of processes in administrative areas such as using artificial intelligence in our coding processes means we can lower administrative costs while reinvesting more in patient care. As we grow, we also partner with like organizations to reduce supply costs. Ultimately, it's the objective value of quality of life and experience divided by healthcare premiums that allows patients and employers to fairly judge our services.





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**Gene Rapisardi**  
Market President,  
Southern California & Nevada  
Cigna

## What challenges does the community have with their healthcare in the face of unemployment and the pandemic?

**Gene Rapisardi, Cigna**

The pandemic brought about many challenges, including high levels of stress, anxiety, depression and other behavioral health issues. This really highlighted the importance of mental health, which has taken a back seat to physical health for way too long. Employers now better understand that truly everyone is vulnerable to mental health issues, and mental health directly affects the overall health and productivity of the workforce. Employers should encourage staff to use their employee assistance program (EAP) and mental health benefits, and help them understand there is nothing wrong with asking for help. People who are out of work and don't have access to resources through an employer should be encouraged to use the resources that are available in the community.

**Ryan Olsen, MBA, MPH, Palomar Health Medical Group (PHMG)**

Because the United States healthcare model revolves around employer-paid insurance, high unemployment equals fewer people with insurance, which translates to less preventive and early detection care. On the bright side, the pandemic may have increased people's resolve to live a healthier lifestyle to improve their chances of making it through the pandemic healthy. It's led us to rethink how we deliver care through telemedicine and remote monitoring. We've further optimized our infection prevention protocols to ensure you can always safely visit your physician. Collectively, we must ensure patients are receiving their preventative screenings for cardiovascular disease or cancer, for example. We want our patients to avoid the lagging diagnoses that can literally save their lives.

**Briana Cardoza, MPH, TrueCare**

The COVID-19 pandemic has presented new challenges for healthcare providers and for patients. We are starting to see and anticipate we will continue to see patients with more complex health and dental care needs because they put off the need to maintain their health for the last 18 months. Because of this it's even more important that the community ensure they are leveraging the health coverage insurance options available to them during open enrollment. Too often patients come in and are diagnosed with a serious condition

yet don't have healthcare coverage. What many individuals don't realize is that they could qualify for insurance premiums as low as \$1 per month if they received any unemployment insurance benefits throughout 2021.

## What types of telehealth options will be available in new health plans and will these options be added to health plans beyond the pandemic?

**Matt Bittner, California Schools VEBA**

The virtual distribution model of healthcare is not going anywhere. There is a significant range of digital resources that focus on all areas of care. From creating a more convenient way to connect with your doctor to providing management of chronic conditions. The first step when evaluating these programs is to simply identify what you want to solve for. The next step is to understand how these services are delivered. Is the service offered through the phone, an app or some other channel? Is it HIPAA compliant? Finally, make sure you understand the cost to you as an employer or to the end-user. Frequently, these services may already be offered through your health plan and you could end up double-paying, especially if you offer an HMO.

**Todd S. Beal, Kaiser Permanente**

Kaiser Permanente San Diego began providing virtual care in 2009 when we launched our TeleDerm program. In the past 12 years, our virtual care services have expanded to include other specialty care areas, as well as primary care. Virtual appointments made an unprecedented jump, going from less than 15% before COVID-19 to more than 85% by mid-2020. Since the COVID-19 spike last winter, the number of virtual visits has tapered. Still, patient feedback on virtual visits remains overwhelmingly positive, and preference for both telehealth and video visits remain strong. In response, Kaiser Permanente launched "virtual first" plans last July to promote telehealth.

**Gene Rapisardi, Cigna**

Cigna has offered telehealth for more than a decade, but customers were not using it to a large degree. That changed dramatically during the pandemic. In 2020, virtual services increased more 4,000% compared to 2019. In fact, over one-fifth of primary care was delivered virtually, and nearly two-thirds of behavioral care was virtual. The uptick in behavioral virtual care has been the most notable. Pre-pandemic,





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**Matt Bittner**  
General Manager  
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*One of the “silver linings” of COVID has been the increased availability, and acceptance, of virtual care.*

**Chris Howard**  
President and CEO  
Sharp HealthCare

less than 2% of Cigna's behavioral customers used telehealth, and now more than 60% do. Now that customers have given virtual care a try — and like it for the convenience and quality — we expect that demand for it will remain strong. Some Cigna plans even offer virtual visits for dental care. In 2021, Cigna's Evernorth division acquired MDLIVE, a national telehealth company.

## How are health organizations addressing mental health care and providing resources in a meaningful way?

**Briana Cardoza, MPH, TrueCare**

One thing that is clear is the increased demand for behavioral health services over the past year and a half and the need to be innovative in order to serve more individuals with the same resources. Prior to the pandemic, traditional behavioral health services were delivered face-to-face, but the past 18 months have taught us we have to be flexible and creative in how we treat patients, specifically to meet people where they are. Most healthcare providers, including TrueCare, are extending their reach by delivering behavioral health services using telehealth via phone and video as well as in-person. Many patients have switched to a hybrid model, where some of their treatment is virtual and some of it is in person and they like the flexibility it offers.

**Todd S. Beal, Kaiser Permanente**

Mental health and well-being are essential to total health. The effects of a pandemic on people have driven a significant increase in the need for mental health care. Nationally, the demand has increased more than 30% over pre-pandemic levels. Kaiser Permanente is committed to helping our members stay mentally, physically, and emotionally healthy. Our work to expand options to meet the demand for mental health services began before the pandemic, specifically emphasizing increasing the number of available therapists. Additionally, we are extending an integrated care approach to mental health by empowering primary care teams to improve mental health outcomes. This initiative includes mental health care training for primary care physicians, successfully delivering depression care management in primary care, and embedding mental health clinicians to offer immediate and integrated consultation and care. Lastly, we expanded our already robust virtual care programs, counseling patients via phone or video visits in the comfort of their own homes.

**Gene Rapisardi, Cigna**

Cigna has been a longtime proponent of whole person health where all of an individual's needs are met holistically. We understand the mind-body connection and recognize that an individual is not truly healthy if their mental health needs are not being addressed along with their physical health. We have a better opportunity to address an individual's total health when medical, behavioral and pharmacy benefits are integrated. Cigna has been investing in technologies that put behavioral health literally in the hands of our customers. For example, last year we added Talkspace, which uses private messaging to connect customers with licensed therapists. We recently added Ginger's on-demand virtual behavioral health care platform, which provides 24/7 access to therapy and behavioral health coaching services. Technology is rapidly breaking down barriers and making it easier to access care from anywhere at any time.

## Are there any anticipated changes with open enrollment or with public insurance that are important to keep on the radar?

**Chris Howard, Sharp HealthCare**

One of the dramatic changes to come out of the COVID-19 pandemic is the sudden increase in virtual care visits. For example, prior to the pandemic Sharp Rees-Stealy was holding hundreds of virtual visits per week. As the pandemic took hold, they rapidly ramped up to nearly 4,000 virtual visits per week. Our consumer research shows that patients increasingly expect rapid access to technologically savvy care that fits their schedules. The pandemic accelerated our journey toward a more integrated, consumer-focused delivery of care and provided an opportunity to reach patients in more remote parts of the county that we might never have reached before.

**Briana Cardoza, MPH, TrueCare**

People who may have not been eligible for Medi-Cal in the past, are likely now or could become eligible through several State Medi-Cal eligibility expansions. In July of 2021, Governor Newsom signed into law the first expansion of Medi-Cal to undocumented Californians age 50 and over. This bold initiative to advance more equitable and prevention-focused health care is expected to extend comprehensive benefits to approximately 235,000 additional residents throughout the state. This is in addition to the several other expansions in coverage







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**Todd S. Beal**

Area Director, San Diego  
Kaiser Permanente



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*A shift in the way we deliver care is necessary in order to pay equal attention to existing complex healthcare needs in patients while also maintaining a focus on prevention.*

**Briana Cardoza, MPH**

Chief Business Development Officer  
TrueCare

that have taken place in California over the past five years. In 2016, the state expanded full-scope Medi-Cal coverage to otherwise eligible undocumented children from birth through age 18. Then, in 2020, the state expanded full-scope Medi-Cal coverage to otherwise eligible undocumented young adults ages 19 through 25.

## What kinds of changes do you see happening in health care over the next few years?

**Matt Bittner, California Schools VEBA**

We will look forward to some really interesting new payment models within California's healthcare system that will take quality-centered care to the next level. In both the new models and existing models, we will see an emphasis on mental health, which will increasingly become the center of the care model. The next big hurdle is truly integrating mental health into the traditional healthcare model, given the historic separation of those services. Holistic and longitudinal data (such as health behaviors or social determinates of health) will continue to be an increasingly powerful tool in helping each of us become better advocates for our own health. People will have more information than ever before about their health, prospective health risks and how to “bend” their own cost-curve. When I look at the next 5 years, I cannot help but be optimistic about the direction of VEBA as healthcare continues its dramatic reshaping.

**Ryan Olsen, MBA, MPH, Palomar Health Medical Group (PHMG)**

Artificial intelligence in administrative processes and robotics will help physicians diagnose and treat patients. Phones and watches will continue to become important tools in diagnosing and preventing illness through remote monitoring. Value based care is here to stay as demanded by employers and the market. From making your appointment on a phone app to precision medicine delivered by our oncologists, we leverage technology to deliver the highest quality of care.

**Todd S. Beal, Kaiser Permanente**

The impact of COVID-19 on the future of healthcare cannot be understated. In many ways, healthcare delivery experienced accelerated transformation. Innovations already underway in early 2020 were accelerated by the pandemic and will continue to evolve in the coming years. Some examples at Kaiser Permanente:

- Digital health: The rapid evolution of digital care (e.g., mobile health, wearable devices, etc.) was only accelerated by the pandemic. Digital health has, and will continue to have, a lasting effect on how medicine is practiced.
- Virtual care: Millions of people who had never tried telehealth or video visits learned to do it out of necessity and discovered they like the convenience and efficiency.
- Mail-order pharmacy: We are experiencing what we expect to be lasting increases in utilization of our mail-order pharmacy. In 2020, we filled more than 93 million prescriptions, more than 42% of them by mail. As with telehealth, we see this as an opportunity to shift our model to have more efficiency and consumer experience focus.

**Chris Howard, Sharp HealthCare**

New technology and medications are always in the pipeline and we've become accustomed to seeing breakthrough developments in these areas. That incredible work will continue. What's rapidly shifting now is what the patient or consumer expects, and they will choose to receive care from organizations that can meet their expectations. This shift to consumerism is primarily about convenience, such as virtual visits, as well as ease of access through online appointment scheduling, or being able to provide real-time data to providers through wearable technology. With the groundbreaking this month of the new Sharp Innovation & Education Center, we are focused on preparing the health care workforce for the new technologies that are to come. It's an exciting future, one that's changing rapidly, and health care providers will need to stay ahead of the curve.

**Briana Cardoza, MPH, TrueCare**

The pandemic unfortunately caused many individuals to put off medical care due to other competing priorities over the last 18 months which has led to an increase in demand for healthcare combined with more complex healthcare needs for patients. Too many chronic conditions have gone unmanaged or ignored and other new diagnoses are being identified later than ideal. It is anticipated that this could cause access challenges initially across the healthcare sector and then ultimately transformations in the traditional model of care delivery over the next few years. A shift in the way we deliver care is necessary in order to pay equal attention to existing complex healthcare needs in patients while also maintaining a focus on prevention.







## VEBA Resource Center

# Centered Around the San Diego Education Community

The VEBA Resource Center exists to partner with members on their individualized health journeys. We provide free classes, services, and programs to empower San Diego's educators and school staff to make well-being a part of their every day lives.

We are here to support our education community so that they can support San Diego's students. Get to know more about us by visiting [vebaresourcecenter.com](http://vebaresourcecenter.com) or calling 888.276.0250.



[www.vebaresourcecenter.com](http://www.vebaresourcecenter.com)  
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