As the various sectors within the health care industry continue to evolve and adjust as a result of health care reform, many questions remain regarding the state of the industry and how our businesses and local population are affected. To help answer some of those questions, the San Fernando Valley Business Journal turned to a diverse group of experts with various perspectives, including some of the most knowledgeable and active participants in the regional equation.

Below is a series of questions the Business Journal posed to these health care stewards of the Valley and the unique responses they provided – offering a glimpse into where health care stands today – from the perspectives of those in the trenches delivering and facilitating health services for the people of the San Fernando Valley.
What are the latest trends taking place in the health insurance marketplace this year?

JENSEN: We are seeing competitive pricing and add-ons in the large group segment that is catching the attention of HR, CFOs, and CEOs. Trend increases are 10-13%, yet carriers interested in retaining business with lower claims experience are offering competitive no-bid strategies, lowering cost to 4-5%. Employers are continuing to seek out benefit enrollment systems that sync with payroll and carriers in efficient, cost-effective ways. Carriers have reduced staff in large group, shifting employees to small group, now up to 100 employees, demanding more from brokers as the 50-100 segment moves into small group, up-rated plans with less carrier service. Benefit brokers are either winning or losing in this push for better systems and service. Our staff doubled last year, imparting clients’ benefits into these technologies, with census enrollments converting to carrier templates, ERISA wraps, ACA reporting and COBRA/TPA services. ACA has brought on tremendous legal compliance and changes.

JENSEN: The insurance marketplace continues evolving to respond to rising healthcare costs. Limited physician panels, referred to as narrow networks, have gained more traction as insurers look to provider networks that will deliver greater value. The market is also trending toward high deductible PPO’s products, as employers look to offer lower upfront costs to employees. These products however, shift a greater portion of cost to employees when medical services are actually utilized.

PAULA WILSON: How do things stand at present with Covered California in terms of impacting business?

JENSEN: We continue to see large insurers make strategic decisions about whether they will or will not offer Covered California products. Some who initially offered ACA products are now reconsidering. City of Hope’s focus as a provider is on the opportunity to care for a broader population in need of complex cancer services. We see our efforts to serve members in Covered California as an important part of our mission. As I speak to other healthcare leaders, I continue to see greater adoption of ACA products, despite varying levels of participation at the health plan level.

WILSON: The majority of our patients are Medi-Cal, and were impacted with the onset of the ACA in 2014. We continue to provide outreach to educate the community and let them know that they may be eligible for health insurance coverage through the State. Additionally the recent passage of State Bill 75 will allow all children regardless of legal status access to Medi-Cal coverage. This will allow approximately 10,000 children in Los Angeles County medical coverage that they did not previously have.

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What about providers? How has Covered California impacted them thus far?

JENSEN: A discussion of healthcare reform prompts differing views from providers around the state. Covered California has generated a necessary focus on prevention and population management for providers who see the ACA as a step toward expanding coverage for important care. Beyond primary care networks, specialties are also expanding services although the key issue here will be appropriately valuing complex specialty and sub-specialty services under the ACA. There are clearly providers in all specialties throughout the state who have been watching to see how the ACA unfolds before participating. I think history will show how, that delaying the inevitable move to a more value-based system will be challenging for those who accept the change too late. City of Hope physicians, for example, are eager to care for Covered California patients and they are actively engaged in discussions around oncology care models and other ways to innovate around oncology.

WILSON: Valley Community Healthcare has a relatively small Covered California population. We primarily serve Medi-Cal and uninsured patients.

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* Merrill et al., JOEM, January 2013.
Absolutely! Our uninsured rate went from 67% of our

WILSON: Uninsured Americans have benefited from the ACA.

JENSEN: With more patients in need of care, hospitals and health systems will want to be strategic in managing capacity without adding costly infrastructure. This concept is creating market consolidation by way of acquisitions and partnerships at a level we have not seen before. Health systems are asking the important question of whether to build new programs or partner with already existing expertise and capabilities. Within oncology, City of Hope is bringing scientific and clinical programs to its partners that are cost prohibitive or impractical for them to build themselves. On the physician side of the industry, we will continue to see a trend toward large group practices and population management for providers who see the ACA as a step toward expanding coverage for important care. Beyond primary care networks, specialties are also expanding services although the key issue here will be appropriately valuing complex specialty and sub-specialty services under the ACA. There are clearly providers in all specialties throughout the state who have been watching to see how the ACA unfolds before participating.

VINCENT JENSEN

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At this stage in the game, what do hospitals and physicians need to do to offset the fact that reimbursements have been reduced?

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In your view, have the “end users” – the patients – benefited from the ACA?

WILSON: Absolutely! Our uninsured rate went from 67% of our low-income patients to under 4%. This means more low-income people are able to access more care, more easily than ever before. Further ACA puts significant emphasis on quality of care, and VCH has demonstrated several quality control initiatives (i.e. immunizations, cancer screening, chronic diabetic care). We are now a Level 2 Patient Centered Medical Home, a designation of the NCQA (National Committee for Quality Assurance) and a standard by which organizations will be measured and reimbursed and guarantees. This is the right direction for quality healthcare and we have always put as a priority for our organization. We’re now working toward Level 3 (of 3).

SIMPSON: This is a twofold question that is evolving as expected. Those in industries with higher paid positions are cost sharing more for plans with higher co-pays, deductibles and reduced networks. Those in manufacturing or service industries earning less income are now forced to pay for benefits, unless they qualify for Medi-Cal, which offers benefits to low income individuals, families, seniors, those with disabilities and others with incomes below the 138% of federal poverty level. Covered California offers subsidies to those not offered insurance at work, working from home or not working. The co-pays, deductibles and out-of-pocket maxes are higher for all of us, increasing annually. The cost is not lower for those on employer plans sharing in premium and paying for families. The quality of care is harder on providers with more members obtaining care; however, if more are receiving preventive care in the long run this will pay off.

JENSEN: It’s hard to discuss healthcare reform without hearing a multitude of opinions on what could be improved. Having said this, increased access to care has been a pillar of the ACA and for that, patients have benefited. In addition, I see benefit from the national debate on healthcare and healthcare costs. It has refocused the industry on the need to see patients and employers as important consumers who desire both components of value – quality at a reasonable cost.

Every large multifaceted organization carries with it a multitude of demands and shifting priorities; how do you define what is most important to your organization?

WILSON: We have two main priorities – ensuring access to patient care and providing the highest quality of care possible, regardless of the patient’s ability to pay or lack of insurance. This is who we are and what we do. Further we are focusing on attracting and retaining a quality workforce, ever more challenging in this very competitive market. The medical workforce shortage is real and we are working on ways to transform our practice to better utilize telemedicine, use care teams whenever possible, and making sure our clinicians have all the support they need.

JENSEN: Remarkable organizations have the unique ability to remain focused on their highest priorities even when the landscape around them changes rapidly. Mission driven organizations do this well. At City of Hope, our commitment for speed to a cure in cancer, diabetes, and other life-threatening diseases focuses us on the development of novel advances to fundamentally change the way the world treats these conditions. We have a remarkable responsibility not only to the patients and families we serve, but patients around the world who look to science and research for answers. Indeed there are many distractions in today’s healthcare environment, but as an industry our compass must point to the mission to heal even when the weight of change is significant.

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◆ With the rise of telemedicine and electronic health records – how does technology affect the way your business innovates to meet the needs of patients?

JENSEN: An electronic health record (EHR) assists physicians in making better decisions and delivering care more safely. It’s often hard for a patient to see how this is true, but electronic systems check for medication interactions, provide physicians with important alerts, and update doctors with immediate health information regardless of where he/she might be when a patient is in crisis. Importantly, today’s EHR systems are also used for quality reporting which is now essential as pay-for-value models are implemented. Telemedicine is becoming a reliable tool to connect a patient to their physician but we are also seeing a trend for telemedicine to play a role in physician-to-physician interactions particularly for sub-specialty care. City of Hope is looking at ways to specialise to utilise telemedicine to provide real time management of complex cancers when other physicians need one. This will allow us to expand our reach and improve access to complex care.

◆ What are the pros and cons companies should consider in contemplating going self-insured for their medical benefits?

SIMPSON: For larger national companies with many more employees in other states than California, self-insurance can pay off and may be recommended. In California, with the HMO market, the self-insured PPO is still a risk that can increase costs. Until we as a nation can get a handle on the increasing prescription costs and lack of caring for our own health, the risk is still unknown. HMOs pay out capitation if a member goes to the doctor or not, helping to reduce costs, offering plans with fixed costs to the members. PPO out-of-network costs are increasing for members as carriers see the self-insured model work well for California-based businesses with high penetration in HMOs. Partially self-insured models or level funded plans can possibly assist with costs if companies have a large population of employees out of state. We are just seeing more HSA plans and HRA plans being used for the highly compensated employees who want a PPO with tax savings and freedom of choice.

◆ What strategies can self-insured employers implement to effectively manage their healthcare spend?

JENSEN: It’s critical for self-insured employers to understand where their health spending is occurring. With this data, self-insured employers have powerful tools to help curb healthcare inflation, including the way their benefits are designed around network inclusion, employer cost sharing and how specialty or complex care will be paid. Centers of excellence in pediatrics, orthopedics, oncology, etc., often demonstrate value in specialized services by delivering a healthcare product of remarkable quality with fewer complications. This reduces the overall cost of care. It is important therefore, that self-insured employers see highly specialized centers as an integral part of their network design. At City of Hope, we are working with mid to large sized employers to develop innovative partnerships in oncology. Our network of 13 community cancer centers along with our main campus, allow us the unique opportunity to serve employers with employees distributed throughout the broader Los Angeles region.

◆ Are there any specific issues that health care providers who partner with retailers need to be aware of?

WILSON: Retail medicine poses a challenge for our population who struggles to pay for healthcare out-of-pocket. Our Chief Medical Officer is also concerned about the continuity of care and making sure each patient is following their care treatment plan. He feels strongly that this kind of medicine fails to take into account the patient’s medical history and this could lead to problems when treating the ‘illness’ and not the patient.

◆ Can non-physician providers help reduce costs and fill the gap with the insufficient number of primary care physicians?

WILSON: Yes, this is a big issue right now, especially in light of the significant shortage of primary care providers. VCH is modeling patient Care Teams using a variety of healthcare professionals: RNs, Dietitians, Pharmacists, LVN Coordinators, Case Managers and community workers. This allows us to improve access to care and can help deal with the rising costs of healthcare. The role of non-physician providers is more important than ever when it comes to the overall cost of care, especially as we build new networks and partnerships in effective care delivery. Our aim is to make sure that the patients are getting the care they need, and that we are delivering that care in an efficient and effective manner.

◆ How does telemedicine contribute to the overall healthcare system and what are some of the challenges and opportunities associated with its implementation?

WILSON: Telemedicine has the potential to play a significant role in the overall healthcare system, offering a number of benefits for patients and providers alike. From increased access to care, especially in rural or underserved areas, to improved efficiency and cost savings, telemedicine has the potential to revolutionize the way healthcare is delivered. However, there are also challenges associated with its implementation, including regulatory hurdles, reimbursement issues, and the need for specialized training for healthcare providers.

◆ How do companies and individuals benefit from self-insured plans?

SIMPSON: Self-insured plans offer employers the ability to customize their benefits to meet the needs of their employees, while also potentially reducing costs. For individuals, self-insurance can offer more flexibility and control over their healthcare decisions. However, it also comes with increased financial risk if the plan underperforms. Companies need to carefully weigh the pros and cons before deciding to go self-insured.
Every day, just northeast of Los Angeles, the world-renowned research hospital, City of Hope, is pioneering some of the most unanticipated cancer breakthroughs of our time. From teaching T cells to destroy cancer to developing the technology behind four of the world’s most widely used cancer drugs, City of Hope produces medical miracles that make lives whole again. But it’s not enough to just heal the body. By caring for the individual, we help you re-become the person you were. At City of Hope, we combine science with soul to create miracles. To find out more about how we’re saving lives by outsmarting cancer, go to: CityofHope.org or call 800-826-HOPE.
ERS, Therapists, etc.—all working together toward the patient’s wellness. Also as a “Patient Centered Medical Home” we provide group health education and training to help the patient become a significant part of their team.

JENSEN: New team-based care models often include non-physician providers. These teams frequently have defined structures that include physician leads, nurses, physician extenders such as nurse practitioners or physician assistants, and ancillary clinical staff. In many model patients are assigned to teams based on the skills of the team itself. It may be that one team manages complex and chronic care while another manages well visits. This specialization enhances the experience for the patient. In oncology, City of Hope is advancing new team-based approaches to understand what are most preferred by our patients. We also find that dedicated nurse navigators can be very helpful in guiding patients and families through treatment and healing.

♦ What role do business owners play in improving the health and productivity of their employees?

SIMPSON: Employee appreciation blended in with health gains with purpose; wellness and safety at work themed programs and communications can create more employer appreciation and loyalty, which cuts turnover. When employees feel valued they perform at a higher level and if they are not performing well they naturally get weeded out. Turnover is expensive. However, keeping employees that don’t fit your culture is equally costly. When employees commit to the mission of the company, they take ownership over their desks or jobs. When employees are satisfied they want to commit to company objectives. Employees that are not in sync with the team wide group can upset culture and it is this work to get everyone on track. Human Resources needs support from the C-Level when they are working to inspire programs that promote being active at work, mission education, supervisor/team training, safety, health and wellness.

JENSEN: Wellness programs focused on diet, exercise and work-life balance are trending for employers. These programs not only focus on wellness, but they are often a great way for employers to socialize and collaborate outside of their traditional workspace. Health memberships, yoga classes, ergonomic assessments and nutrition education can be good ways for employers to encourage healthy behavior demonstrating they care about employee wellness. From a Cancer Center perspective, I would like to see a greater focus nationwide on smoking cessation and nutrition. We know the strong link between smoking and lung cancer. We need dedicated partners that are willing to truly understand the fine balance between offering best plans and others that are priced a bit lower than a PPO plan, yet higher than HMO plans.

♦ What types of issues do businesses in the healthcare sector experience that are similar to or different from those of other businesses when it comes to managing growth or expanding into new markets?

WILSON: Community Health, expanding and growing itself is new. We’ve had to learn very quickly about marketing and advertising and take very strict control of the patient experience. Suddenly the marketplace is very competitive, and we must work even harder to ensure we attract and retain patients.

♦ Any tips for entrepreneurs who have recently started their own small businesses? What’s the best place to start in terms of ramping up health insurance?

SIMPSON: What’s the best place to start in terms of ramping up health insurance? Begin as soon as you can in offering benefits, if in doubt that is the best place to start. Find a good broker early on that will take care of you and offer you a great health plan. This is a high priority for employers wanting to get quotes for insurance products. There are still plenty of small groups broken around to assist small businesses.

♦ We’re seeing more consolidations and more alignments among providers. Does this mean consumers will have fewer choices moving forward?

JENSEN: It is possible and perhaps likely that we will see fewer choices as health systems consolidate. For this reason, we must focus on transparency and establishing metrics that matter to us as patients. These metrics don’t need to be expensive. Healthcare professionals must make their cost of care known to the providers and payers in order to ensure that they are met across the continuum. One provider network or health system might make sense for one family when healthy, but another may be more appropriate as circumstances change. Our system should allow us to make these choices and changes freely. Absent competition and consumerism, we run the risk that the needs of the patient become secondary.

♦ What can be done to ensure quality, transparency in pricing and a reduction in the cost of health care to help consumers?

SIMPSON: More providers are in accountable care models rated on quality of care and earning profits for higher ratings. Pricing for services is becoming easier for people to find. Providers in PPO networks are still paid out based on their fees-for-service in their service areas and the millions of contracts offer different pricing models making it difficult to understand and manage. HMO’s prevail in California more than anywhere in the country, helping reduce costs overall, yet the member cannot negotiate costs. IPA groups are growing larger and larger, negotiating more money to manage care. Carriers are offering reduced networks that are now larger than the full networks; however, as they grow larger, capitalism costs increase. Higher co-pays are forcing consumers to ask about costs; negotiating for better pricing by user buys works in most instances, so time will tell the impact of changing PPO doctors for a better priced surgery down the street.

♦ What can we, as business owners, do to mitigate the rising costs of healthcare?

SIMPSON: Continue to create a culture of health and safety. These are some of the areas of extreme focus we have continued to expand. We have seen the impact of wellness and so we have the programs. We have reviewed experience factors proving everyone education is moving employees toward seeking out preventive care, which controls costs favorably. Prescription costs increased 12.6% in 2014 and are expected to increase 7.3% per year according to government officials, largely due to higher-priced specialty drugs. Carrier management is messaging that these costs are increasing by billions of dollars. Reduction on Rx coverage is not only key, it pays off. I am amazed with every new group of employers how little Americans know about what they are so quick to take as prescribed without asking questions. Consumers cannot continue being highly influenced by advertising. Higher co-pays are demanding better questions from consumers, yet are becoming unaffordable for all.

♦ Looking to the future, what do you think the health care landscape will look like, say, five years from now?

WILSON: I wish my crystal ball was that clear. The only thing I’m sure of is that change will continue.

SIMPSON: If we’re as a people continue in the patterns we are expected to by healthcare professionals, the healthcare of the United States will improve. We are getting healthier in many (if not most) states. Diabetes growing rapidly among seniors. Antidepressant education is moving employees toward seeking out preventive care, which controls costs favorably. Prescription costs increased 12.6% in 2014 and are expected to increase 7.3% per year according to government officials, largely due to higher-priced specialty drugs. Carrier management is messaging that these costs are increasing by billions of dollars. Reduction on Rx coverage is not only key, it pays off. I am amazed with every new group of employers how little Americans know about what they are so quick to take as prescribed without asking questions. Consumers cannot continue being highly influenced by advertising. Higher co-pays are demanding better questions from consumers, yet are becoming unaffordable for all.

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