Health Services
LOS ANGELES COUNTY

December 24, 2019

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

FROM: Christina R. Ghaly, M.D.
Director

SUBJECT: **AVERAGE WAIT TIMES FOR SPECIALTY CARE APPOINTMENTS**

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8050
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

www.dhs.lacounty.gov

On December 17th, the Board of Supervisors (Board) instructed the Department of Health Services (DHS) to provide a written report in 10 days on average wait times for specialty care appointments at all facilities providing specialty care.

Overview

Since 2012, DHS has been focused on improving access to specialty care. We have done this work within the context of transforming DHS from a system previously built on episodic care where the primary entry point to specialty services was the emergency department, to an integrated system that is focused on delivering specialty care in coordination with newly established primary care medical homes for patients. Rather than relying on the more traditional approach of each facility operating as a silo, the transformation of the DHS system includes a system-wide approach of specialty care access, with providers across all facilities available and involved in meeting specialty care needs. More importantly, our goal has been to make sure that every patient receives the right specialty care, at the right time, instead of simply relying on the wait time for the next visit. We have made some important gains:

- Implemented eConsult, a secure electronic system that allows a patient's Primary Care Provider (PCP) to confer with a specialist and determine if an in-person specialist visit is necessary. In using eConsult, PCPs initiate a conversation with a specialist that includes a description of the specific clinical problem or question and provides specialists with information about the patient's medical history, current medications, recent labs, etc. For some

specialties, such as dermatology or ophthalmology, PCPs may also submit a picture or answer a set of key questions about the patient's condition. Through the eConsult process, a specialist will recommend care for a patient's specific condition and, if needed, will ask for the patient to be scheduled for a face-to-face specialty visit. In cases where no face-to-face visit is necessary, the patient receives specialty care without having to make an additional appointment to see the specialist in person.

- Enhanced operational efficiency through:
    - Centralized and personalized specialty appointment scheduling (Precision Scheduling)
    - Improved specialty clinic workflow and efficiency
    - Deployed other telehealth and remote monitoring tools, such as:
        - Teleretinal screening of patients who are at risk for diabetic eye disease
        - At home testing for sleep apnea

- Increased specialist physician and non-physician provider capacity by ~145 full time equivalents since 2014 across multiple medical and surgical specialties.

- Committed, in the latest round of labor negotiations, an additional ~$27 million annually in compensation and special pay practices to enhance recruitment and aid in retention of our existing specialty and other physicians.

Access to specialty care within the DHS system

Routine (non-urgent) outpatient specialty care needs

DHS' key goal has been to ensure each patient receives the right care at the right time and in the right manner. To achieve this goal, DHS uses eConsult to ensure that PCPs have speedy access to consultations by specialty physicians for routine (i.e., non-urgent, non-emergent) specialty care needs. On average, specialists provide an initial response to eConsult queries from primary care physicians in 2.3 calendar days, based on data from the third quarter of 2019, as seen further in Table I below.

Table I: eConsult response times for the top 15 high-volume specialties (ordered by volume)

Medical or Surgical Specialty	2019 Quarter 3 Response Time (calendar days)
Eye	2.8

Gastroenterology/Hepatology	1.3
Orthopedics	3.5
Surgery	1.5
OB/GYN	1.7
Dermatology	2.6
ENT	1.7
Urology	2.9
Podiatry	2.2
Sleep Medicine	1.0
Cardiology	1.5
Neurology	3.6
Endocrine/Diabetes	1.5
Hematology	3.7
Oncology	2.3
All other specialties	2.7
Overall	**2.3**

eConsult permits the PCP and specialist to work as a team to determine the best next steps for their patient. DHS specialists are able to quickly recommend the right care and the right time for that care, rather than make all patients wait the same amount of time for routine appointments, as is characteristic of many large American health systems.

In approximately 25% of cases, eConsult dialog between the PCP and specialist are sufficient to resolve the PCP's questions and/or patient's problems, without the need for an in-person specialist visit. In the ~75% of cases when an in-person specialist visit is deemed necessary, the specialist determines the time window in which the patient should be seen. For some patients, the specialist appointment may be expedited. For others it may be set at a longer interval for clinical purposes. Then, the DHS scheduling team personally calls the patient - often several times - to offer appointment times within that window. We call this customized approach "Precision Scheduling".

According to data from the third quarter of 2019, DHS schedules appointments for patients within the optimal timeframe 73% of the time. We are not aware of any other health system that even attempts to monitor and meet this level of ideal care.

Several factors influence our ability to achieve a higher percentage with "Precision (On-Time) Scheduling". These include the following:

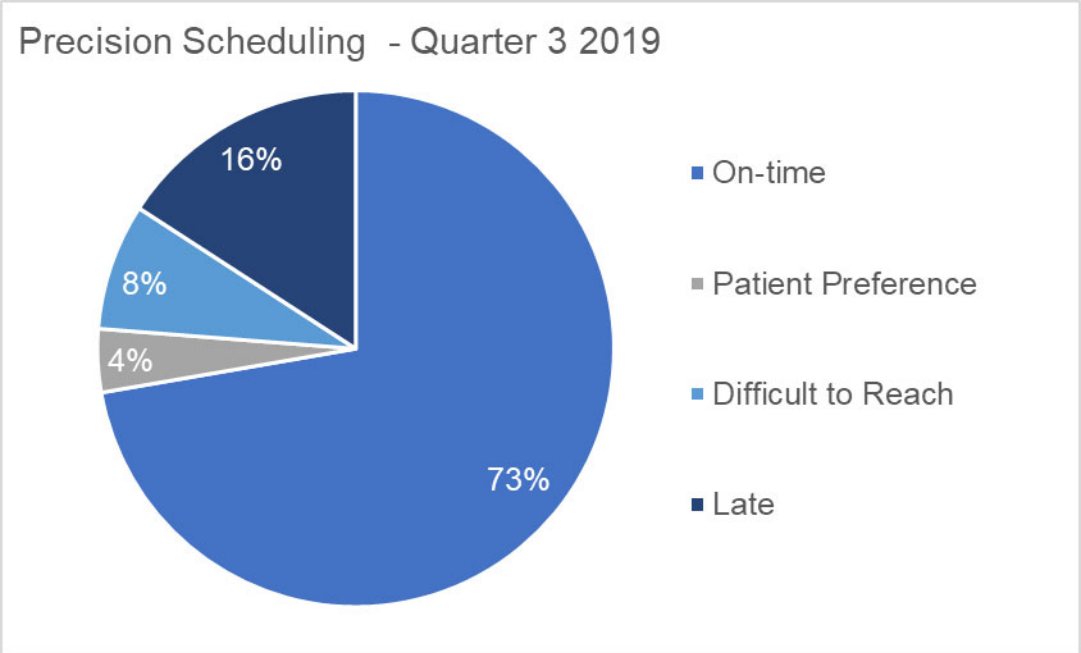
- *Patient preference.* Many of our patients, almost one in five, decline the first available appropriate appointment offered due to personal conflicts. While a large number of these patients are still able to be scheduled in the specialist's

recommended timeframe, 4% of patients are scheduled outside of the optimal window because of their own personal preference and schedule.

- *Difficulty reaching the patient to schedule an appointment.* DHS scheduling staff reach patients on the first scheduling call only 20% of the time. While staff make several outreach attempts, some patients are very difficult to contact. In data from the third quarter, 8% of patients were scheduled outside of the optimal window because they could not be reached within the first 30 days of attempts, limiting our ability to offer an appointment within the recommended timeframe.

- *Clinic capacity constraints.* If the specialty clinic has limited appointment availability, patients needing non-urgent specialty care may be scheduled outside of the specialist recommendation. We consider these 16% of patients "late".

The overall results for Precision Scheduling are summarized in the chart below.



The table below provides additional detail on DHS' current performance related to Precision "On Time" Scheduling and time to appointment, following an eConsult-based evaluation.[1]

[1] Our current technology requires that appointment times be manually copied over to be noted in the eConsult system. The data here is taken from the eConsult system after this occurs, so a margin of error exists in these data. DHS is in the process of developing a revised Precision Scheduling report which will draw from both eConsult and ORCHID, the latter of which maintains an accurate and complete recording of all DHS specialty care appointments.

Table II: Precision Scheduling by specialty, Quarter 3, 2019

Medical or Surgical Specialty	Scheduled on time	Patient preference for later appointment	Difficult to reach (> 30 days)	Late	Median wait time (days) for those scheduled late
Eye	68%	4%	12%	16%	43
GI/Hepatology	70%	3%	10%	17%	35
Orthopedics	85%	2%	4%	9%	23
Surgery	63%	6%	7%	25%	53
OB/GYN	76%	3%	5%	16%	28
Dermatology	82%	3%	7%	9%	26
ENT	76%	4%	8%	12%	24
Urology	68%	6%	6%	20%	18
Podiatry	88%	2%	3%	7%	18
Sleep Medicine	64%	2%	19%	15%	33
Cardiology	72%	4%	9%	16%	23
Neurology	60%	6%	11%	24%	20
Endocrine/Diabetes	77%	5%	7%	12%	31
Hematology	69%	4%	10%	17%	57
Oncology	88%	2%	1%	9%	11
All other specialties	67%	4%	7%	22%	29
Overall	**73%**	**4%**	**8%**	**16%**	**31**

Note: Numbers may not total 100% due to rounding.

DHS has a variety of initiatives underway to eliminate the number of patients who receive “late” appointments. These can be categorized into three main groupings:

- *Increase the number of specialty care providers.* DHS continues to steadily add specialist capacity, as it has throughout previous years, by hiring onto vacant items, adding new budgeted items where shortages exist, increasing clinical time among existing specialists, etc. Examples of key specialty areas where DHS plans to request additional items in upcoming budget cycles include, but are not limited to: Dermatology, Genetics, Ophthalmology, Sleep Medicine, Pain Management, Palliative Care, and Orthopedics.

- *Enhance the efficiency and effective practices of specialty care services.* As examples, DHS is exploring a number of telehealth initiatives for neurology, pain management, addiction medicine, sleep medicine and hematology (for sickle cell patients). DHS has also taken a system-wide approach to certain specialty

service lines, bringing all DHS facilities under a single leadership structure. This offers advantages in recruitment in competitive specialties as well as improved coordination of specialists across sites. DHS is also working to enhance operating room efficiencies which will improve access to surgical services.

- *Improve the process of specialty care scheduling.* As examples, DHS has a number of initiatives underway to enhance scheduling practices, including implementation of text outreach to patients that need to be scheduled and for appointment-reminder to reduce no-show rates. DHS is also systematically reviewing and modifying clinic templates, which are not currently standardized, to maximize appointment availability.

Emergent/Urgent Needs

Obviously, emergent and urgent specialty care services must occur very promptly.

Any patient with an urgent specialty need has access to care via our emergency rooms, urgent care centers or through their primary care provider working directly with the specialty provider, either via phone or in-person. As a tool for managing routine specialty care needs, eConsult is not used when a provider considers the clinical need to be urgent or emergent. The “wait times” for these urgent/emergent specialty care consultations and, if needed, in person evaluations, are no more than minutes or hours and are based on the specific clinical necessity.

Follow-up in-person appointments that may be necessary after the initial specialty consultation and/or evaluation, are set within the medically dictated timeframes. More than 40% of all new specialty appointments within DHS are scheduled and completed within 15 days. The large majority of these very rapidly scheduled appointments were requested outside of eConsult, which is only used for non-urgent specialty requests.

DHS is fully committed to making continued improvements in specialty care access. If you have any questions, please let me know or your staff may contact Dr. Paul Giboney, Associate Chief Medical Officer at (213) 288-8353.

CRG:pg

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors