County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

May 10, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: William T Fujioka
Chief Executive Officer

Mitchell H. Katz, M.D.
Director, Department of Health Services

HEALTH CARE REFORM IMPLEMENTATION TASK FORCE UPDATE

This is to provide your Board with a report on the progress made by the Department of Health Services (DHS)/Chief Executive Office (CEO) Health Care Reform Implementation Task Force (Task Force).

On December 10, 2012, your Board directed the CEO and the Director of DHS to create a Task Force for Health Care Reform to focus coordination among the five County departments whose services are vital to the successful implementation of Health Care Reform within Los Angeles County. On January 11, 2013, we reported our progress in establishing the structure and composition of the Task Force and identifying the goals and objectives of the departments involved. We are now providing you with the achievements of the Task Force and stakeholder departments.

We have worked with the impacted stakeholders to ensure collaboration and that they are on track to achieve their respective goals and objectives; effectively coordinating all activities necessary to implement health care reform.

The Task Force project manager works with each of the stakeholder departments, ensuring that their focus remains on identified requirements and priorities directly related to the implementation of health care reform. They meet regularly with designated representatives from stakeholder departments to determine progress and identify challenges/obstacles requiring Task Force assistance/intervention. In addition,

a SharePoint site has been developed that features the Master Project Plan of the Task Force (including individual stakeholder Departments of Health Services, Fire, Mental Health, Public Health and Public Social Services) meeting agendas, minutes and a dashboard. The following outlines the progress that the Task Force has accomplished with the assistance of each stakeholder department.

DEPARTMENT OF HEALTH SERVICES

A streamlined hiring process was implemented March 1, 2013, reducing 15 action steps to 5 steps allowing new hire appointments to be completed in 14 - 26 days instead of 26 – 101 business days. This improvement will facilitate critical recruitment needs and significantly increase efficiency.

In June 2013, a pilot Nurse Ready List program will be implemented at LAC+USC Medical Center (LAC+USC) with RN candidates who have already completed the Civil Service examination process. The pilot program is intended to expedite hiring of RN's to fill vacant positions; maintain nursing ratios; and reduce the use of external registries and overtime caused by attrition and prolonged vacancies. Using an electronic survey instrument, RN candidates will be able to identify their clinical specialty, shift and facility preferences. DHS is developing a forecasting model to determine the baseline for a Nurse Ready List population by specialty and facility. The Livescan criminal background clearance will be performed in advance of actual selection to further expedite the hiring process.

In June 2013, an Internal Nurse Registry pilot program will be implemented at LAC+USC (for possible expansion within all DHS facilities) to reduce dependence upon costly external nursing registries. Using the existing Relief Nurse classification, DHS will recruit RN's for supplemental staffing assignments. Office of Nursing Affairs (ONA) will have centralized authority to approve utilization of both internal and external nursing registries. The Internal Nurse Registry pilot program is expected to achieve a major reduction in external registry costs by June 30, 2014. Due to high utilization and costs, Nursing Attendants will be prioritized as a future internal registry pilot.

An Internal Physician Registry will be implemented in June 2013 to extend service hours, increase service delivery, and reduce the Department's utilization and expenditure on external physician registries and physician contracts. On December 4, 2012, your Board approved the labor agreement with Union of American Physicians & Dentists authorizing the new County classification of Relief Physician. CEO/Classification Compensation has drafted the classification specification for Relief

Physician and developed the pay grid that complies with governing MOU language. Presently, DHS, CEO Employee Relations, CEO Classification and Auditor-Controller are resolving programming concerns for eHR Personnel/Payroll System.

DHS is analyzing its revenue contracting goals for health care reform to generate new business, particularly related to the Medicaid expansion. DHS is determining which clinical services to offer based on market demand and market competition. DHS is evaluating services utilized by different segments of various populations, with an emphasis on those segments most likely to gain insurance coverage through the Affordable Care Act and a cost: benefit analysis of its current capacity versus the cost of building increased capacity based upon projected contracts.

The newly created Housing for Health (HFH) Division at DHS is focused on creating housing opportunities for homeless patients and clients of DHS who have complex medical and behavioral health conditions. Working in collaboration with support service providers, health care providers, housing finance agencies, housing developers, and philanthropy, HFH aims to ultimately facilitate the creation of thousands of housing units linked to the health care system. By June 30, 2013, HFH will have added 306 new permanent supportive units to our housing inventory, and 43 new recuperative care/stabilization beds to serve as immediate discharge options for inpatients that are medically eligible for discharge from DHS hospitals.

HFH staff convened the first Patient Access Committee Meeting in April 2013; this group will meet every 2 months to improve residential placements for homeless patients receiving care in our hospitals and clinics. Additionally, HFH has established a bi-weekly conference call mechanism to address case conference and resolve problems involving patients who are difficult to place.

In the pipeline for FY 2013-14, HFH is pursuing approximately 630 slots of housing and recuperative care for DHS homeless patients, and there are several larger projects in the preliminary investigation phase that will bring the total closer to 800-1000 units.

FIRE DEPARTMENT

The health care reform Task Force is in the process of assisting County Fire with their proposal to maximize revenue available through AB 678, which provides for public safety entities becoming eligible for claims through the Certified Public Expenditures (CPEs) program via the new Ground Emergency Medical Transport (GEMT) program for Medi-Cal patients. To further develop their proposal, the Fire Department is currently engaged in the following activities:

- Obtaining internal education on the AB 678 opportunity, requirements for implementation, and resulting infrastructure needs for the Department
- Development of a GEMT Steering Committee
- Review of the California Fire Chief Association Pilot with Centers for Medicare/Medicaid Services (CMS)
- Obtaining a legal opinion on contracting requirements that will result from implementation of the GEMT program.

In order to fully implement the Department's proposal, the following steps will be taken:

- Obtain final CMS approval (based on California Fire Chief Association Pilot)
- Engage the four 911 ambulance providers
- Develop infrastructure for an electronic medical record, billing function and internal staffing.

The Fire Department is exploring the concept of Community Paramedicine to help realize the vision of EMS-based community health services that supplement the traditional EMS response model, bridging gaps in community health service and EMS coverage resulting in lower health care costs, and improvements in both qualities of care as well as patient satisfaction. This is an opportunity for first responders to help with non-emergent/non-urgent injuries and (chronic) illnesses. Community Paramedicine Pilot Programs are available through OSHPD and arrangements can be made with commercial and other health plans to use preferred Emergency Medicine locations.

The Community Paramedicine proposal is in an exploratory phase. The Fire Department plans to have the GEMT Steering Committee incorporate this proposal in their research and planning. Next steps will include development of a potential pilot program and collaboration with various health plans.

DEPARTMENT OF MENTAL HEALTH

Mental Health has analyzed and prepared a staffing plan for the new business office, utilization management, provider relations and contract monitoring functions required for DMH to implement the requirements of health care reform. DMH has also identified collaborative opportunities for bilateral patient referrals between DMH and DHS in order to address both the psycho/social and medical needs of patients seen in both departments; reducing the need for external referrals.

DEPARTMENT OF PUBLIC HEALTH

Public Health is addressing the secured exchange of Patient Health Information with other stakeholders in the County Health Care Service System (including DHS and Mental Health). In addition, we have initiated talks with Public Health regarding an Electronic Health Record.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Task Force is assisting the department in resolving issues related to DHS funding/claiming for DPSS costs associated with Healthy Way LA intake and ongoing eligibility activities, as well as working with DPSS to determine additional sites which are available to assist with the application process.

A memo of the Task Force activities and progress will be presented to your Board on a regular basis. If you have any questions or require additional information, please contact me or your staff may contact Gregory Polk at (213) 240-8152, or via e-mail to gpolk@dhs.lacounty.gov.

WTF:GP

c: County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services
Fire Department