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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.

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July 23, 2013

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D. A. Malagon
for Director

SUBJECT: **STEPS REQUIRED TO SUCCESSFULLY ADAPT THE DEPARTMENT OF HEALTH SERVICES AND LOS ANGELES COUNTY FOR THE AFFORDABLE CARE ACT (ITEM #18, JULY 23, 2013)**

UPDATE

As you know, California is moving ahead with implementing Medicaid Expansion beginning January 1, 2014. With the support of your Board and stakeholders from across the state the Legislature and the Brown Administration approved the Medicaid expansion without a crippling loss of realignment funds to the County. Now the Department of Health Services (DHS) and our community and labor partners are as energized as ever to prepare our health system for the Affordable Care Act (ACA) and ensure a smooth transition of Healthy Way LA (HWLA) members into Medicaid.

In my prior ACA updates, I have described key initiatives and operational changes DHS is undertaking to become a provider of choice and an integrated care delivery system that provides more care at higher quality with the same budgetary resources. In this report, I will provide an update on our progress with some of these initiatives and operational changes. We are in the first stages of using this update to form a prototype DHS dashboard that would serve as a progressive snapshot of our system transformation moving forward. I welcome your suggestions and feedback on this prototype dashboard, which we will modify and improve in successive iterations.

ELEMENTS FOR A DHS SYSTEM TRANSFORMATION DASHBOARD

Healthy Way LA

DHS, the Department of Public Social Services (DPSS), and our many community and labor partners are continuing to make progress in community-based outreach for enrolling new members, as well as redetermining existing members ahead of the transition to Medicaid. Along with LA Care and our community partners, DHS has convened two transition working groups – one is focused on operations and the other on

communication strategies. We continue to receive good feedback on the program from patients and providers alike. One community partner administrator recently said:

> *I don't want Healthy Way LA to go away. We're in a really good place [with the program] and it's working well. I don't want it to transition to Medi-Cal.*

In the accompanying attachment, please see HWLA member enrollment and key Medicaid transition milestones.

Patient-Centered Medical Home (PCMH)

As you know, DHS is implementing the PCMH model in all of our primary care clinics and, to a certain extent, in our hospital-based outpatient teaching clinics. In a medical home model, each patient is empaneled (assigned) to a specific primary care provider, who anchors and leads his/her own multidisciplinary team of personnel including nurses, certified medical assistants (CMAs), and clerical staff. Medical homes enable better coordination of care (e.g. decrease unnecessary duplication of tests, improve handoffs between primary care, and specialty care, etc.); improved timeliness of care (e.g. better access when patients need it); and more appropriate care in the right setting (e.g. outpatient care early in the course of a problem rather than care in the emergency department, etc.).

The following are the key features of the PCMH:

- Empanelment: Empanelment has proceeded in a stepwise fashion, beginning with the Ambulatory Care Network (ACN) and hospital-based attending staff clinics. This phased approach was designed to empanel the most patients expeditiously while planning for the more complex teaching clinics, which are mostly hospital-based.
    - By January 2013, DHS completed "retrospective empanelment", the assignment of patients to providers based upon their historical visit history and health plan assignment.
    - As of June 2013, DHS finalized and successfully implemented the process of "periodic empanelment", which is the process by which new LA Care members assigned to DHS are empaneled to providers in our system. This new periodic empanelment process is electronic and takes less than 48 hours, whereas the previous process was paper-based and would often take over a month to complete.
    - DHS is now developing "prospective empanelment", the process by which patients without coverage, who did not have an existing continuity relationship at the time of retrospective empanelment, can be considered for a medical home. In parallel with the development of prospective empanelment is the process of empanelment for housestaff (physicians-in-training). Much of the care delivery in DHS hospitals is via housestaff; as such, we are linking patients to specific trainees who are supervised by faculty attending staff. This process should be completed during the third quarter of 2013.

- Team-based care: Team-based care is the coordination of activities and the distribution of tasks/responsibilities among medical home team members, consistent with their license and skills, to meet patient needs. Each team member participates in delivering care to the patients in the panel. We are well under way in completing the staffing of medical home teams in the ACN (see attachment).
- Electronic Patient Registry (i2i software system): The registry system organizes and tracks information on each patient in the medical home team panel and provides clinical decision support (e.g. automatic clinical alert when a patient is due for her mammogram). The registry enables the team to better manage the care needs of each patient, before and during provider visits, as well as between clinic visits. DHS has installed i2i in all primary care clinics and is in the process of configuring the system to provide decision support and related functionality for different clinical conditions (see attachment).

Patient-Centered Scheduling (PCS)

PCS refers to a set of process changes and workflow redesigns that are aimed at improving the way in which patients are scheduled for appointments in primary care clinics. The overall goals of PCS are to increase patient access to primary care and improve patient satisfaction with the process of scheduling clinic appointments. DHS medical homes that piloted PCS were able to reduce no-shows, incorporate same-day access appointment slots, increase the number of patients seen per session, and implement non-traditional visits such as group visits and telephone advice lines. DHS is making good progress in scaling up the use of PCS throughout all primary care clinics (see attachment).

New DHS Telephone System

DHS is working to improve the telephone systems through which patients contact outpatient clinics and their medical home teams. We have piloted an advanced telephone system at the Long Beach Comprehensive Health Center with good success. Specific improvements of the new telephone system there include the capability to handle 50 calls at a time (previous system could only handle 10 calls), a call back option when patients leave their phone number (instead of waiting on hold), the capability to assign language concordant staff with patient's language preference, and the capability for supervisors to monitor metrics, such as the number of calls per day, the average wait time for calls, etc. We have developed a multi-phase plan to implement this type of phone capability across the DHS system (see attachment).

eConsult

eConsult is a web-based platform that allows DHS and Community Partner (CP) providers to securely share health information and discuss care options for individual patients. eConsult enables dialogue between PCPs and specialists around the needs of a specific patient, reduces avoidable specialist visits by allowing co-management of complicated patients, optimizes the quality of the first specialist visit by ensuring all of the necessary diagnostic testing is done ahead of time, and cuts no-show rates and cancellations (see attachment).

ORCHID – our new Electronic Health Record

Electronic health records are a key component of health care reform as health systems face new pressures to provide care that is more efficient. The ORCHID system will offer decision support tools for physicians, red flag potential medication errors, and produce clinical quality and performance data. The new system will reduce errors, generate customizable care plans, and allow better patient transitions through instant access to a patient's entire medical history by all caregivers. On May 13, 2013, DHS along with the Cerner project team had the official kick-off and we are well underway on the design and build of our new system (see attachment).

Internal Nurse Registry

With the assistance of the Healthcare Reform Task Force, DHS was able to successfully establish an Internal Nurse Registry. The Internal Registry Program, utilizing relief nurse ordinance items, is designed to supplement staffing traditionally filled by registry and contract labor staff. The goals of the program are to reduce the department's reliance on nursing registry, maintain continuity of care, and provide quality patient care. County workforce members, including management staff (Supervising Staff Nurse, Clinic Nursing Director, Nurse Manager, Assistant Nursing Director Administration, Nursing Director Administration) will be eligible to participate in the Internal Registry Program upon completion and validation of a competency assessment. The program will be piloted at LAC+USC Medical Center (LAC+USC) for Registered Nurses for six months. The overall goal is to expand the registry program to all DHS facilities based on the lessons learned in the six month pilot at LAC+USC. Administrative program oversight will be provided centrally by the DHS Office of Nursing Affairs (ONA), including program design, audit, and monitoring (see attachment).

CONCLUSION

I am pleased to share this update on the progress we are making to transform DHS into an integrated health system. We are grateful to the Board, CEO, and our many partners for helping us to accomplish these changes. I look forward to any suggestions you may have on developing a prototype dashboard for our system transformation. Additional metrics and milestones we plan to include relate to the hiring/Personnel Action Request (PAR) process and staff career training/skills enhancement initiatives.

If you have any questions or need additional information, please contact me or Anish Mahajan, Director of System Planning, at (213) 240-8416.

MHK:jp

Attachment

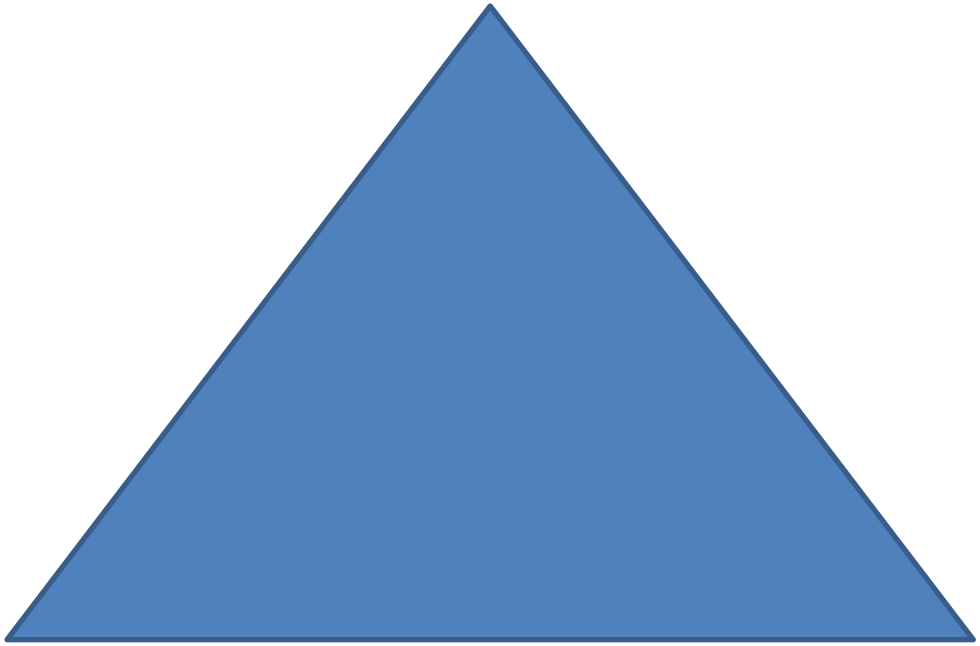
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Public Social Services

Our Future Under the Affordable Care Act (ACA) – July 2013 Update (REVISED)

Mitchell H. Katz, MD
Director
LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

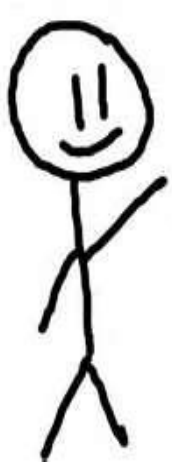
July 23, 2013

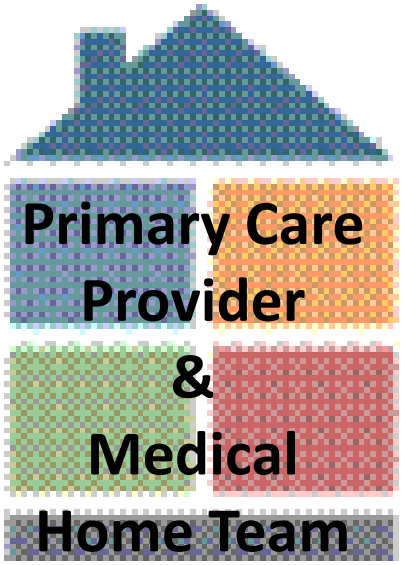
Our Overall Strategy for ACA: DHS Triple Aim



Integrated Care System:

Right Care, Right Time, Right Location, Right Provider

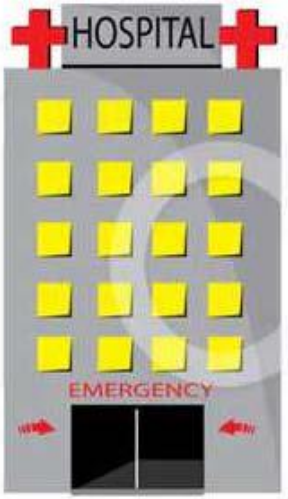




eConsult

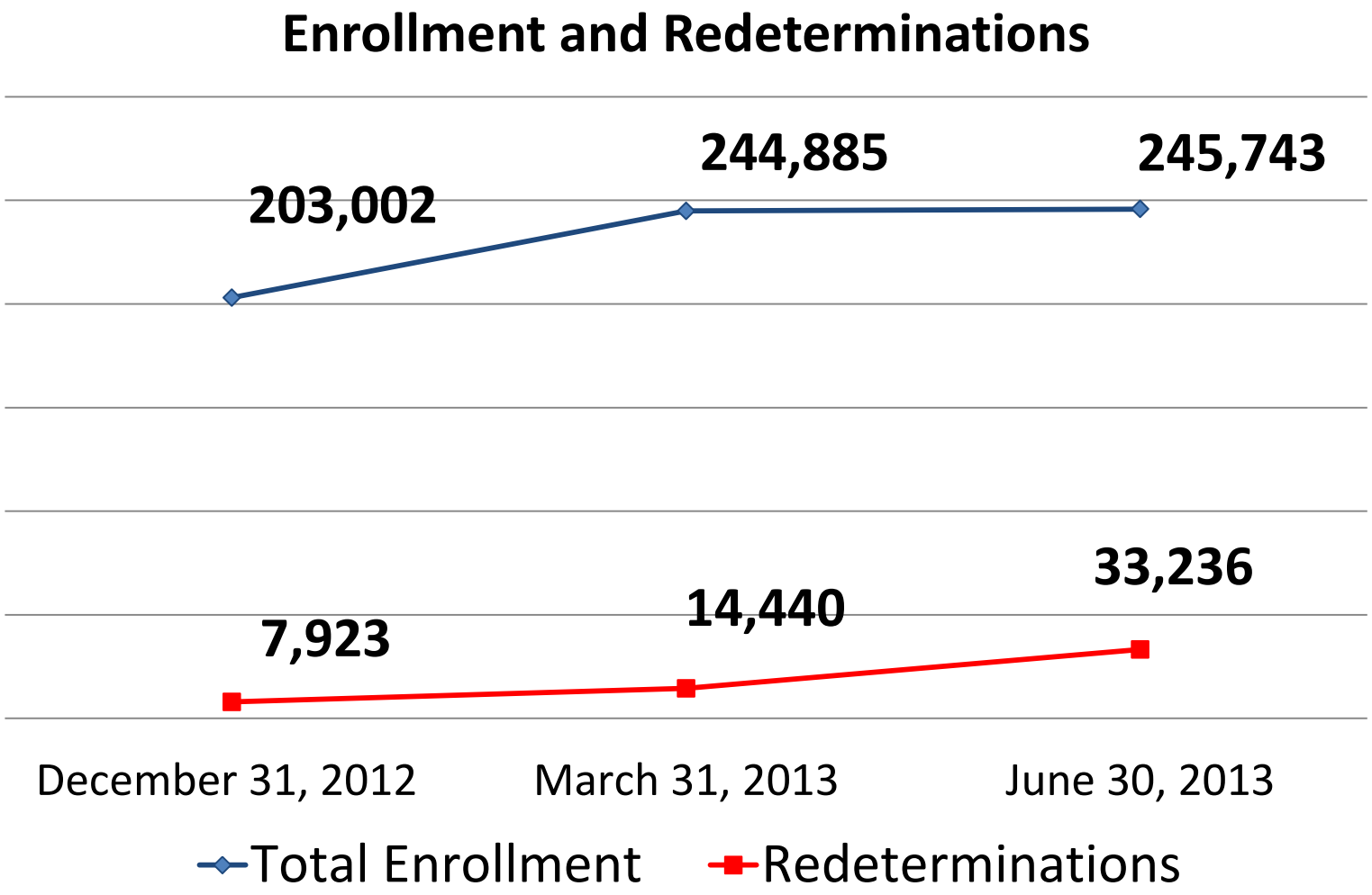
Specialty care

If patient needs hospital care

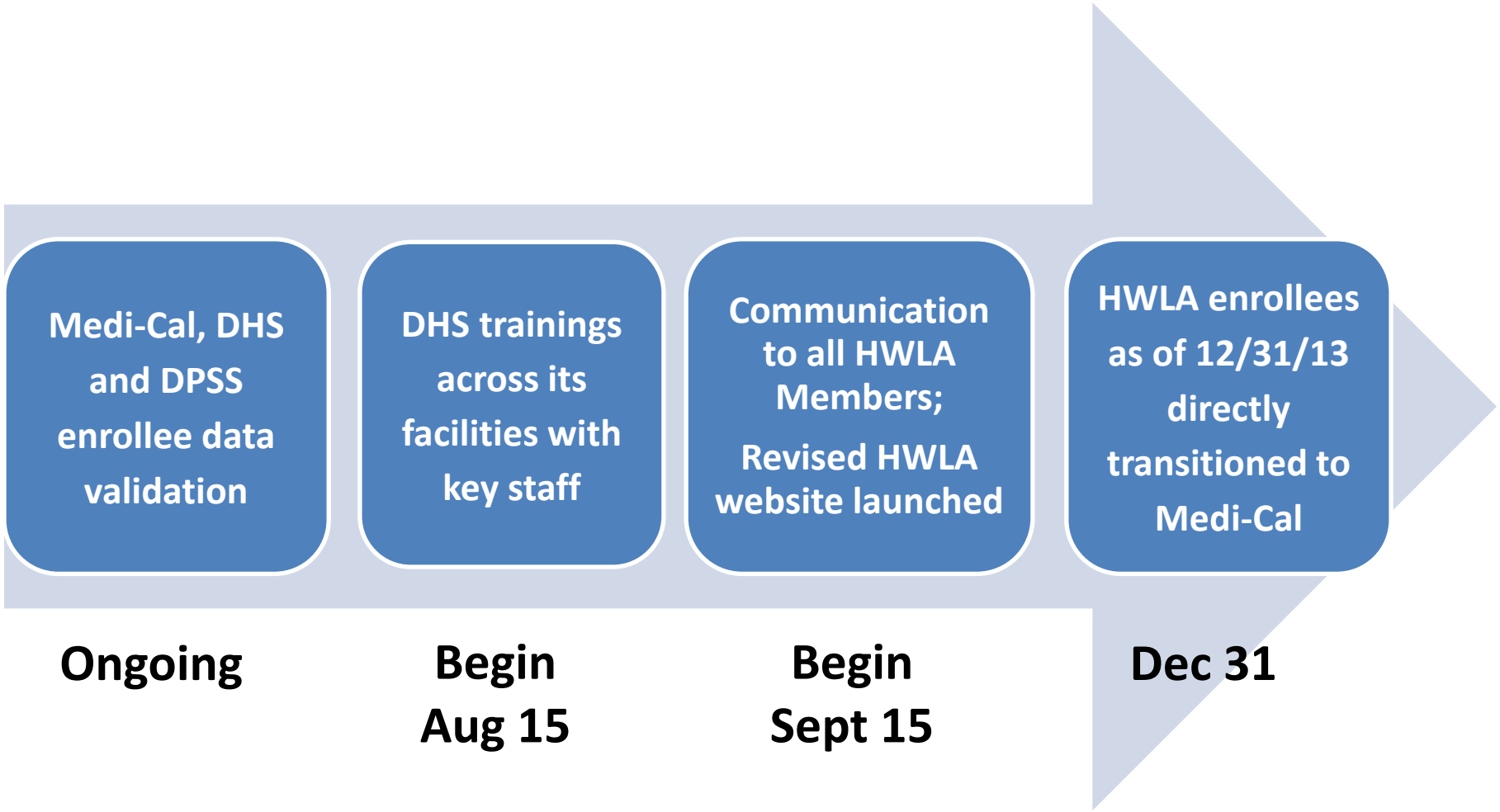


*Preventative Rx
*Early diagnosis
*Follow-up assured
*eConsult system
*EHR connects all sites

Healthy Way LA

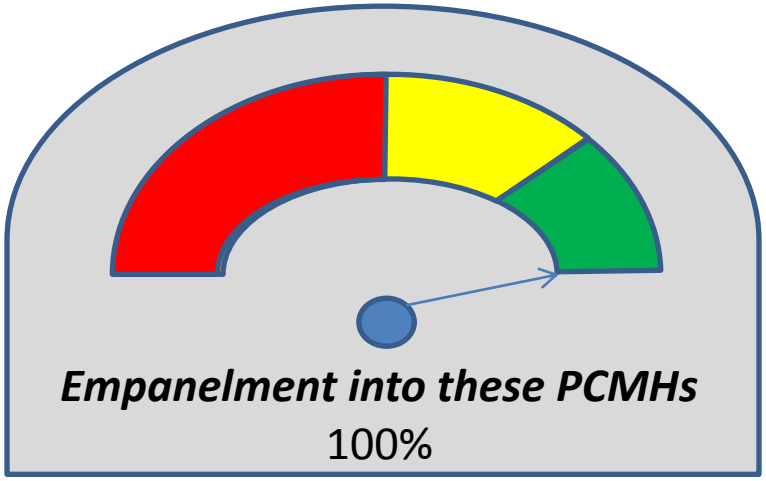


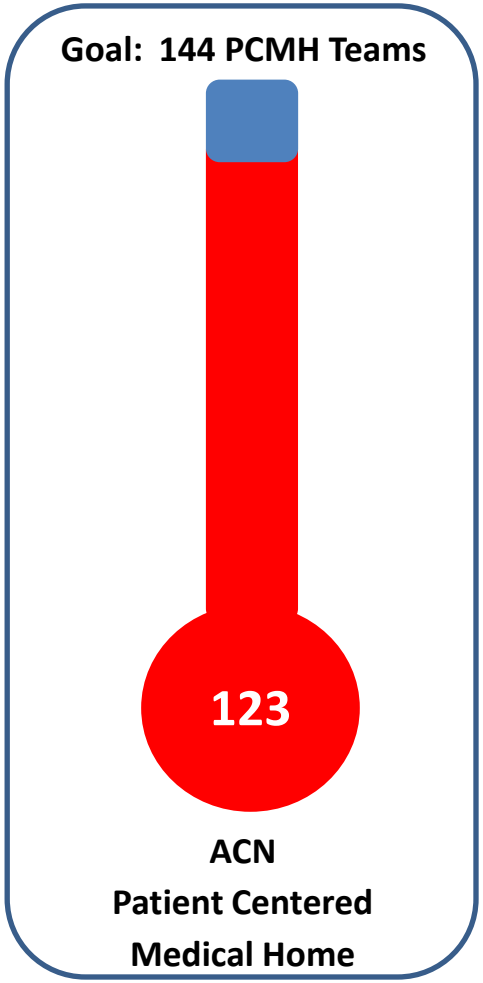
HWLA Transition into Medicaid 2013



PCMH in the ACN

July 2013			
Goal (based on 144 PCMHs):			
44	18	20	195
40	18	20	112
RN III Care Manager	RN II Service Coordinator	RN I Care giver	CMA Health Coordinator
PCMH Support Staff			

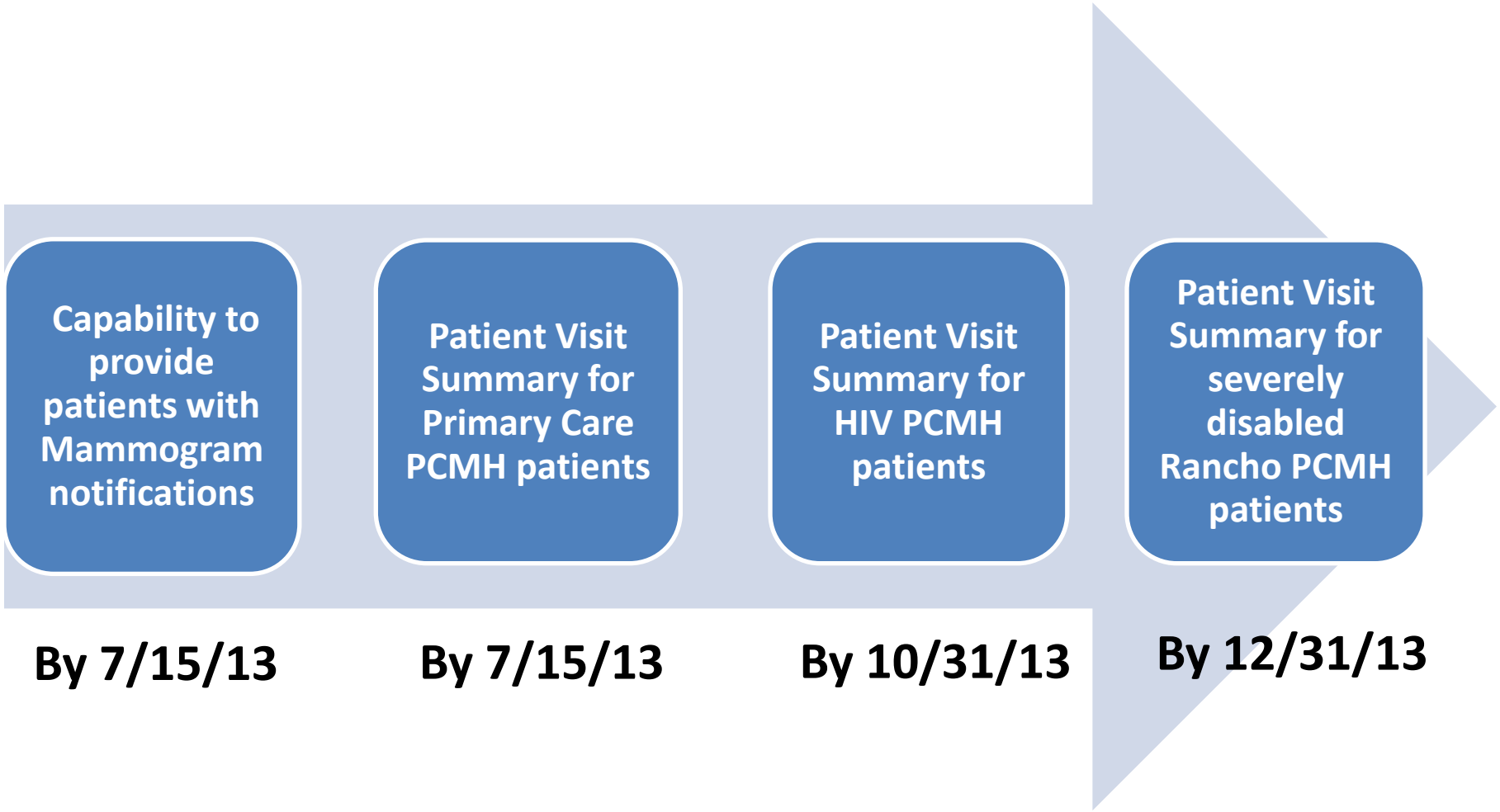




PCMH: PCP Recruitment 2013

Final Goals	Q1 Milestones	Q2 Milestones	Q3 Milestones	Q4 Milestones
Create infrastructure to address PCP attrition and to hire additional PCPs to staff 23 more PCMH's within ACN GOAL=144 PCMHs	Multi-disciplinary PCP Recruitment Task Force established and meeting every 1-2 months. March 2013 = 123 PCMHs	In April 2013, PCP Recruitment Task Force created comprehensive Work Plan with many objectives realized. June 2013 = 132 PCMHs	By end of Q3, plan to hire a Recruitment Coordinator for management of ACN PCP recruitment efforts. Projected for Sept 2013 = 137 PCMHs	The recruitment cycle will be fully delineated and carried out by the end of 2013 Q4. Projected for Dec 2013 = 142 PCMHs

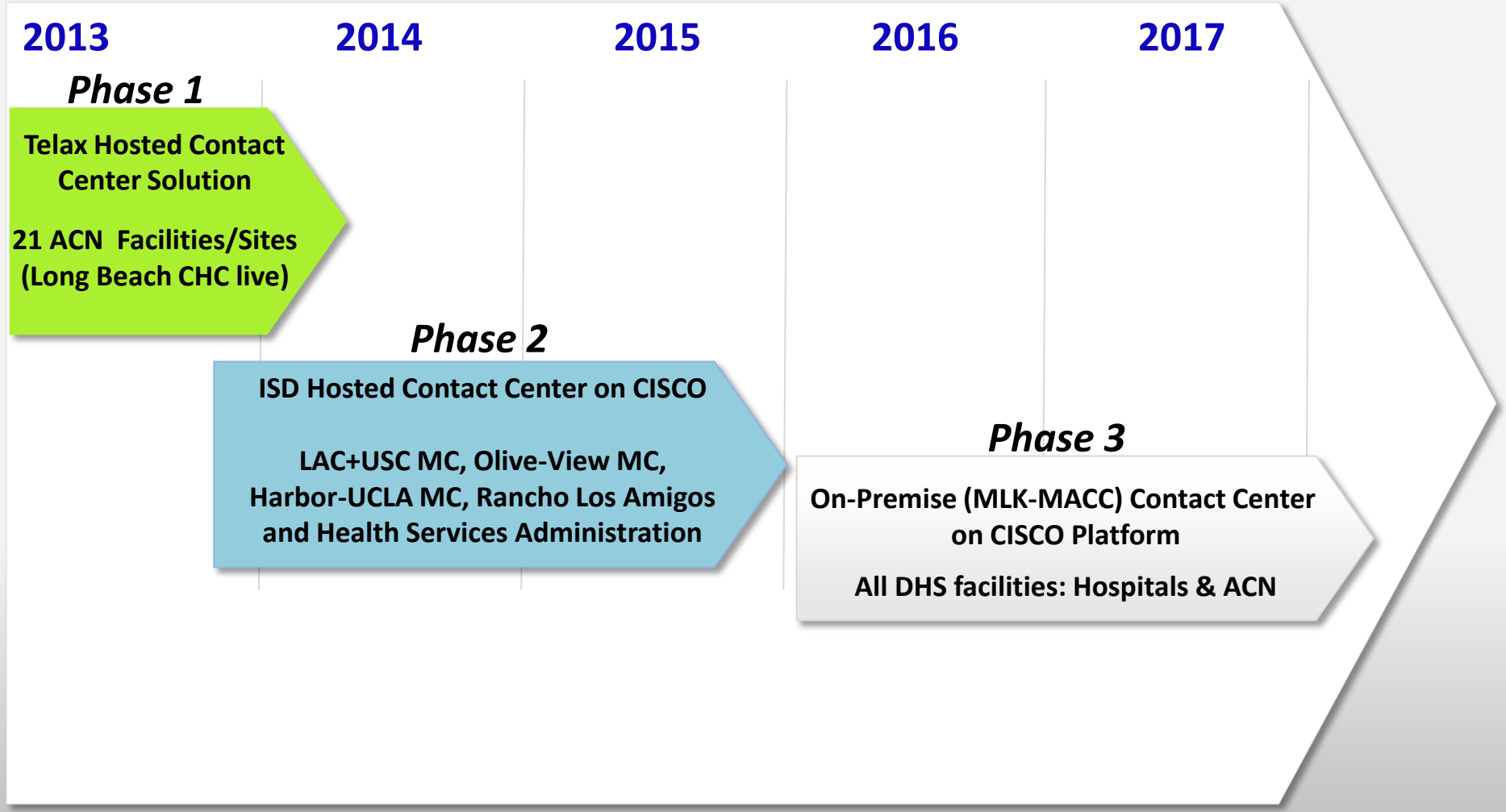
i2i: Electronic Patient Registry in PCMH



Patient Centered Scheduling

Task Name	% Complete	Start	Finish
Establish metrics & collection method for PCS in ACN clinic settings	100%	1/1/13	2/28/13
Create PCS Sharepoint that functions as communication center for this project	100%	1/1/13	3/31/13
Develop Effective Practices Manual for PCS implementation in conjunction with change agents	90%	1/1/13	7/31/13
Standardized scheduling templates available for use throughout ACN	50%	1/1/13	9/30/13
Patient Centered Scheduling implemented in all DHS primary care clinics	0%	1/1/13	12/31/13

DHS Telephone System

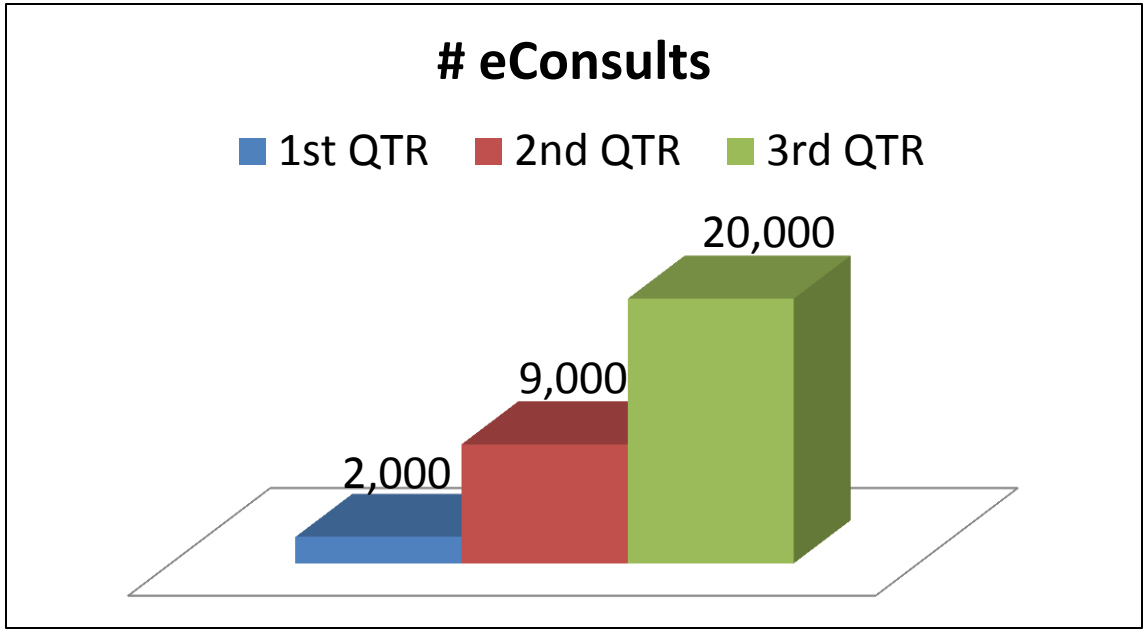


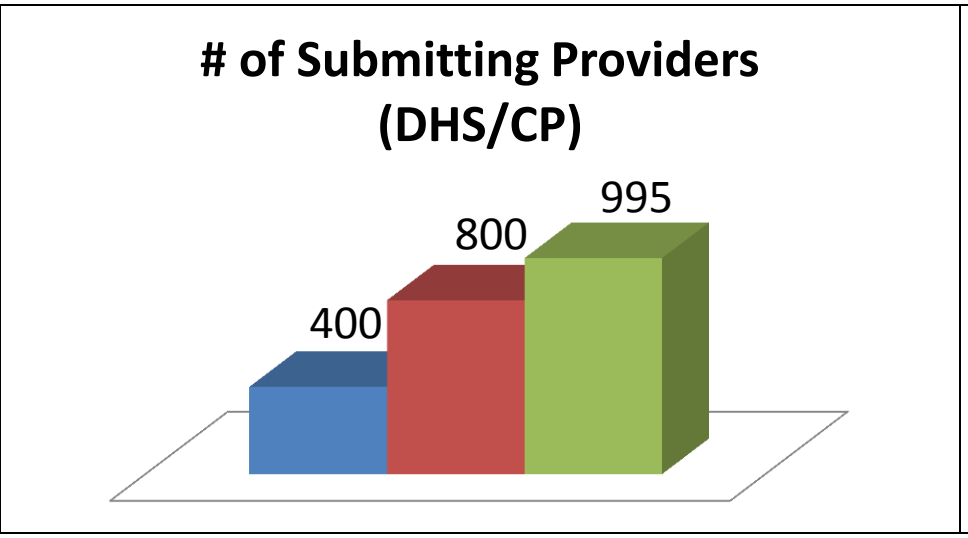
Phase 1: ACN Facilities (began 3/31/13). Focus is to improve the handling of calls coming in from patients by revising all call flows, scripts and implement a tool that can provide "true" statistics in terms of call volumes.

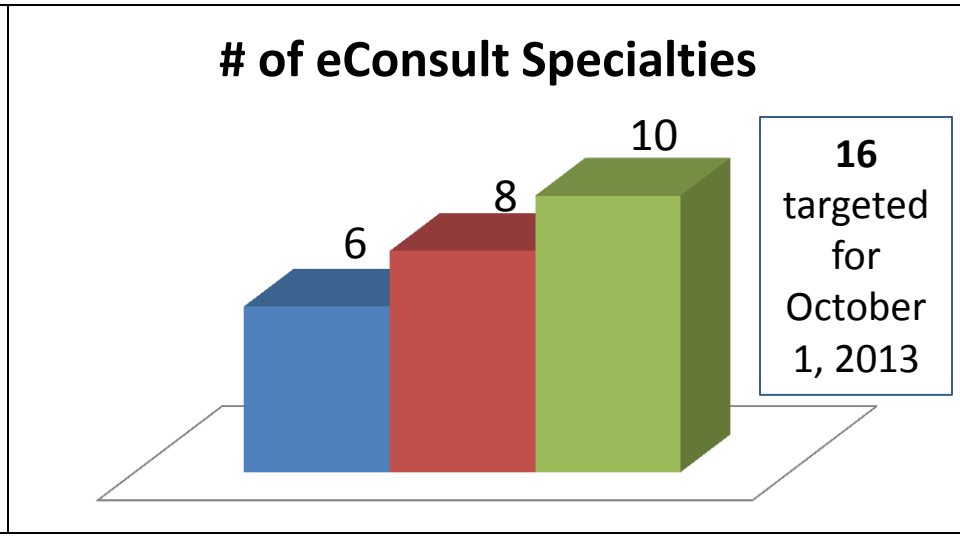
DHS Telephone System - Phase I Rollout

	ACN Facility/Site	Target Go Live Date
Group 1	Roybal CHC, Mid-Valley CHC, MLK-MACC, Bellflower HC and Harbor-UCLA's Lomita Family Medicine Clinic	7/30/13
Group 2	El Monte CHC, Humphrey CHC, Wilmington HC, and San Fernando HC	30 days after Group 1
Group 3	Hudson CHC, Dollarhide HC, Glendale HC, La Puente HC, Vaughn School-Based Clinic	45 days after Group 1
Group 4	High Desert MACC, Antelope Valley HC, South Valley HC, Lake Los Angeles Community Clinic, Little Rock Community Clinic	TBD -- May roll straight into Phase 2 due to MACC replacement project

2013 eConsult







ORCHID – Electronic Health Record

2013 Milestones		
		Travel to Cerner for Design Review Event (Sept 30-Oct 4)
	Travel to Cerner for System Review Event (July 8-12)	
		Construction starting on Network Closets power and cooling
ORCHID Kickoff Event	Board Letter Approval for Capital Project and begin Engineering Architecture	
		Purchase LAN Network Switches and Upgrade WAN
Quarter 2	Quarter 3	Quarter 4

As of June 30, 2013	
Deployed 2006 new PCs throughout DHS	Hired 69 IT Personnel

Infrastructure/Build Goals
Hire 86 IT Resources into the ORCHID Project
Infrastructure Improvements (Capital Project)
Upgrade / replace PC Devices
Upgrade Local Area Network (LAN)
Wide Area Network (WAN)

Internal Nurse Registry

GOALS: To reduce the department's reliance on nursing registry, maintain continuity of care and provide quality patient care.

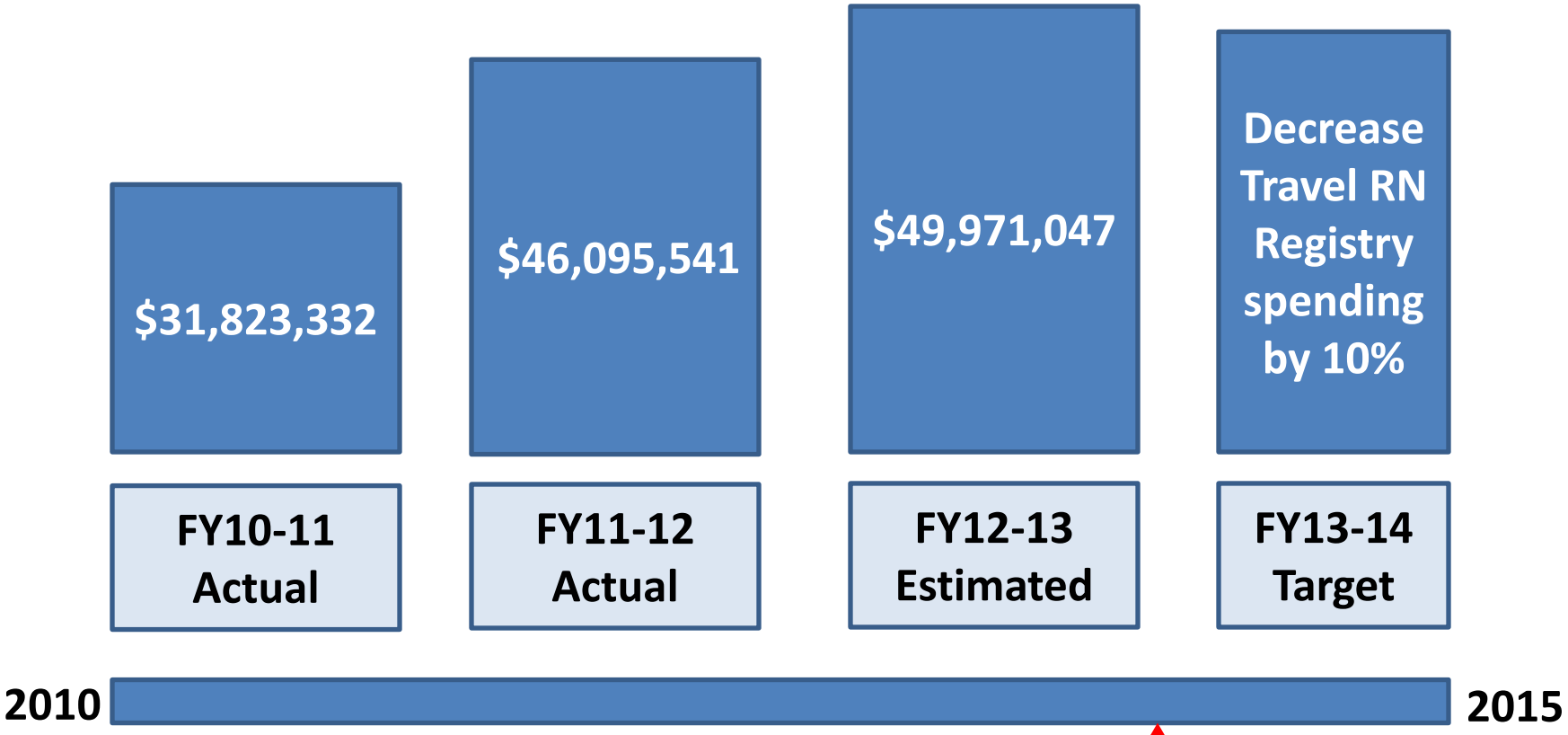
PILOT: The program will be piloted at LAC+USC Medical Center focusing on Registered Nurses (highest user of external RN registry at DHS). Expected timeframe is six months.

PILOT STAFFING PLAN: Moved 50 ordinance relief items from LAC to the Office of Nursing Affairs cost center. The rate of pay is a flat rate of $45, which is lower than the registry rate of $65-$70 and benefits the nurses. For ex) an RN I who makes $35 could pick up an extra shift through the internal registry program and make $45.

PILOT EXPANSION: Goal is to expand to all facilities and ACN with a minimum of 50 participants at each facility following six month pilot. Expansion plan will be developed based on lessons learned from pilot.

Internal Nurse Registry

DHS Nurse Registries Expenses*



**Nurse Registries include RNs, LVNs, Surgery Techs, LPTs, CNAs, and Hemodialysis.*

Lots done, Lots more to do!

- Although many of DHS' initiatives for health reform are underway and proving successful…
- T*here are many more steps to take as we accelerate our transformation*