



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

July 23, 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

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

**HEALTH CARE REFORM IMPLEMENTATION TASK FORCE UPDATE**

This is to provide your Board with a report of 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, my office informed your Board that the CEO and Director of Health Services would create a Task Force for Health Care Reform to focus coordination among the five (5) County departments whose services are vital to the successful implementation of health reform within Los Angeles County. We are now providing you with the achievements of the Task Force and stakeholder departments since our last report of May 10, 2013.

**DEPARTMENT OF HEALTH SERVICES**

The Internal Physician Registry (Registry) was implemented on May 30, 2013. The Registry will be staffed by physicians hired onto the newly created hourly temporary Relief Physician items as their primary County job, and also by existing (full-time permanent) County physicians appointed to temporary Relief Physician positions as their secondary job in accordance with County Code § 6.16. The Registry will extend service hours, increase service delivery, and reduce the utilization and expenditure on external physician registries and physician contracts.

DHS is phasing in a new telephone system that will ultimately implement a centralized enterprise IP-based phone system on a CISCO platform. The new system is designed to increase patient satisfaction, improve call center management, reduce the burden of technical maintenance, and increase productivity and operational efficiencies that will be critical in the new health care environment. The new system will be implemented in a series of three phases. Phase I began in March 2013 as an expansion of the Telax Hosted Contact Center following successful implementation and positive outcomes at Long Beach Comprehensive Health Care Center. Features of this service include: a cloud-based solution designed to eliminate the barriers of more costly and complex call center solutions, without requiring internal IT resources for maintenance; Interactive Voice Response (IVR); Automated Call Routing (ACD); Workforce Management; Business Intelligence; and a Help Desk / Service Desk. Phase II is expected to begin by the end of 2013 and will include an Internal Services Department (ISD) Hosted Contact Center on the CISCO Platform.

The Task Force has determined that DHS currently lacks the resources and expertise to perform significant revenue contracting, competitive analysis, and marketing functions required for economic success under Health Care Reform. To bridge that gap, DHS proposes to implement a Business Development and Contracting function to reside under Managed Care Services. The Business Development organizational structure and job descriptions for the Business Development Director and four (4) associated positions will be presented for favorable consideration by CEO Classification/Compensation. When hired, DHS expects that the Business Development Director will lead a work group to accelerate related activities, while the remaining positions are being filled. The Business and Development Director will introduce and implement strategies and initiatives to ensure relevance and profitability in the new Health Care Reform environment that include:

- Business development and revenue contracting strategies that capitalize on DHS strengths as supported by data;
- Identification of desirable providers, payers, and services for revenue contracting;
- Building relationships and determining interest levels of identified providers and payers;
- Development of marketing strategies, content, messaging, materials and distribution channels to promote DHS patient services within L.A. County and throughout southern California;
- Assessing the extent to which capacity issues exist for contracted services, and how those issues can be addressed concurrent with contract development;
- Analysis of the current market for growth opportunities that include expansion of existing DHS services, development of new DHS services, and extending DHS service areas;
- Providing analytical support for contract negotiation; establishing both financial and non-financial criteria for new and existing revenue contracts; and effectively negotiating and executing those contracts;
- Identifying those physicians, plans, groups and DHS staff members having the greatest need for contract education, whose job functions are heavily impacted by their contract knowledge, and providing the appropriate in-service education;

- Monitoring financial and operational performance of revenue contracts;
- Facilitating the creation of pro formas and financial models to measure the impact of changes to existing payment methodologies;
- Providing a feedback loop for the benefit of future contract negotiations and renegotiations;
- Marketing DHS services as the provider of choice.

### **DEPARTMENT OF COMMUNITY & SENIOR SERVICES (DCSS)**

We anticipate that Health Care Reform will have a dynamic impact on jobs within our overall health care system; some traditional methods and job functions are likely to become obsolete as new methods and functions become necessary. Working with DCSS and labor, the Task Force will identify training and development needs to ensure that our workforce is equipped to successfully evolve with the implementation of Health Care Reform.

### **FIRE DEPARTMENT**

With Task Force support, the Fire Department is working with ISD to expedite the RFP process to procure a new Electronic Health Record system (Electronic Patient Care Report Project) which will be essential for the Fire Department to take advantage of revenue opportunities that will result from Health Care Reform.

The Task Force continues to support the Fire Department's proposal to maximize revenue available through AB 678, which has the potential to provide a method for claiming additional funding through the Certified Public Expenditures (CPEs) program. County Counsel has provided an opinion that the Fire Department qualifies to receive Ground Emergency Medical Transport (GMET) money as the contract holder with a private ambulance company. The Fire Department will need to develop an infrastructure to support a billing and payment process allowing them to collect these funds.

The other major Fire Department initiative related to Health Care Reform is the development of alternative 911 service models made available through the Affordable Care Act (ACA) and Accountable Care Organization arrangements to provide more appropriate and efficient care matched to the medical complaint. Currently 911 providers are required to transport to an emergency room via ambulance regardless of medical complaint. The Task Force will assist the department in convening a steering committee to identify opportunities to partner and implement components of community paramedicine, including an OSHPD pilot.

### **DEPARTMENT OF MENTAL HEALTH (DMH)**

The Task Force has assisted DMH to develop interdepartmental work groups to improve the quality and efficiency of care provided to patients within mental health conditions; those efforts will continue.

### **DEPARTMENTAL OF PUBLIC SOCIAL SERVICES (DPSS)**

At the request of the Department of Public Health (DPH), DPSS has agreed to collaborate on a pilot program placing DPSS staff to take Healthy Way LA (HWLA) enrollment applications at four DPH sites with the highest volume of patient visits (as reported by DPH).

### **DEPARTMENT OF PUBLIC HEALTH**

The Task Force has recommended that DPH consider the use of the Gartner Group consulting firm in order to identify, and ultimately develop, a web-based registration system that will include appropriate billing code and demographic functionality; utilize and leverage CRM platform currently in use for PILS; and interface with PHIS. To expedite this process, DHS has provided DPH with a copy of the scope of work previously used with Gartner.

### **SHERIFF'S DEPARTMENT**

The Task Force will meet with the Sheriff's Department to discuss collaborative opportunities under the ACA.

A report 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](mailto:gpolk@dhs.lacounty.gov).

WTF:GP