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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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December 4, 2013

TO: Each Supervisor

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

SUBJECT: **MEDICAL HOME FACILITY IMPROVEMENTS**

On September 24, 2013, the Board instructed the Department of Health Services (DHS) to work in concert and as needed with the Chief Executive Office (CEO), the Internal Services Department (ISD), and the Department of Public Works (DPW) to identify DHS facilities where "Medical Home" system improvements are significantly constrained by existing facility design elements and report back within 45 days. Further, the Board instructed the departments to implement a reasonable facility redesign plan that will effectively enhance the "Medical Home" and other DHS system improvements resulting from the Patient Protection and Affordable Care Act, while minimizing disruptions to patient care. Lastly, the Board requested that the report include a projection of costs for any recommended medical facility improvements or upgrades included in the report.

In response to this motion, DHS solicited input from all facilities with medical homes and has identified numerous projects throughout the system which would enhance medical home sites by promoting coordination and communication for the team model of care; creating or enhancing patient friendly environments; and reconfiguring spaces to improve wayfinding, patient flow and efficiency. The projects are of various sizes and scopes ranging from painting and purchasing furniture to remodeling physical spaces.

On November 19, 2013, representatives from DHS, CEO and ISD met and determined that the number of projects dictates that they be further prioritized based on multiple criteria including the ability of a medical home to see patients more efficiently, impact on patient satisfaction, relative age and condition of facility, overall cost-benefit and readiness. It was also discussed that projects located at Comprehensive Health Centers (CHCs) and Health Centers (HCs) would not be subject to OSHPD regulations and could therefore be implemented more quickly than could projects in our hospital-based clinics. Also, we acknowledge that our two multiservice ambulatory settings, High Desert and the MLK MACC, are moving into new facilities shortly and thus are not prioritized for additional investment at this time. We will, however, re-evaluate the need for future facility-related investments once the new buildings are fully operational.

Based on a preliminary prioritization of these projects the group recommended starting with a set of seven "pilot" projects, which meet the above criteria. They are as follows:

1. Remodel Adult and Family Medicine clinics at Humphrey CHC to improve patient flow, consolidate registration and increase communication between patients and staff. This project has completed designs and is ready for bidding and construction. Cost estimate: $945,000.

2. Consolidate adult registration areas at El Monte CHC from three separate areas to one. The current configuration causes confusion for patients and is an inefficient use of resources. The combined registration area will enhance the role of front office staff in the medical home team, facilitate coverage and reduce patient wait times. Cost estimate: $850,000.

3. Replace waiting room furniture on four floors at the Mid-Valley CHC. Current furniture is heavily worn with chips and cracks in the wooden frames and tears in upholstery. Replacing furniture with metal frames and anti-microbial upholstery will improve cleanliness and greatly enhance the patient experience in the waiting areas. Cost estimate: $245,000.

4. Improve signage and wayfinding at Roybal HC. There has already been a discovery and initial design phase for this facility; this pilot project would implement final design and fabrication of the signage. DHS continues to emphasize wayfinding/signage programs across all facilities and this would further that effort for health centers. Actual costs would provide clear understanding of the potential overall costs for all facilities. Cost estimate: $110,000.

5. Remodel the main registration counter at Hudson CHC to improve patient flow, improve communication among the staff and increase patient satisfaction. This project has completed plans and is ready for bidding and construction. Cost estimate: $95,000.

6. Add a registration area on the second floor at Long Beach CHC. This would create a registration area where two additional medical homes are being added as part of an already approved capital project. Cost estimate: $94,189.

7. Remodel the existing Medical Hub clinic on the Martin Luther King, Jr. campus to create a collaborative workspace for Care Coordinators and team huddles for the PCMH teams and convert four existing spaces into exam rooms through the addition of sinks to existing rooms. Cost estimate: $23,000.

DHS is working on solidifying funding streams for these projects in partnership with the CEO. For the remaining projects, additional investigation, design and cost-estimating are required in order to prioritize appropriately. While this initial phase of projects is being evaluated and funding identified, we will proceed with refining our estimates and prioritizing the remaining projects and report back to your board once those are complete.

I appreciate the Board's continuing support for improving our medical homes as we prepare for the implementation of the Affordable Care Act. If you have any questions or need additional information, please contact me or Quentin O'Brien, Chief Operations Officer, Ambulatory Care Network at (213) 240-0289.

MHK:jp

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