



LA County Health Agency

Integration Advisory Board

November 23, 2015

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Background

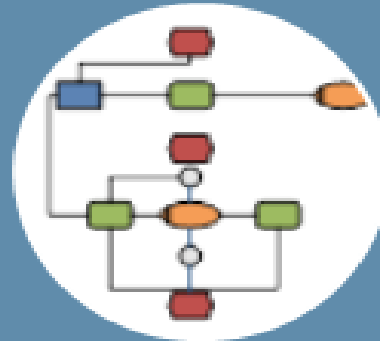
Affordable Care Act (ACA) STRATEGIES



Insurance
Reform



Coverage
Expansion



Delivery
System
Redesign



Payment
Reform

Healthcare Reform

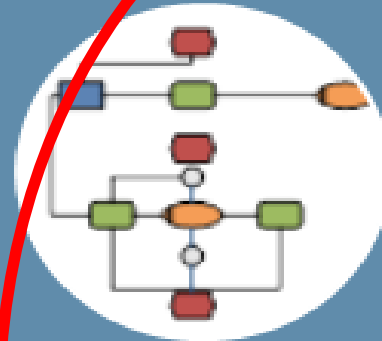
Affordable Care Act (ACA) STRATEGIES



Insurance Reform



Coverage Expansion



Delivery System Redesign



Payment Reform



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L.A. County: Department Size & Scope

Department of Health Services

- Second largest municipal health system in the U.S.
 - 4 hospitals (2 level 1 trauma centers)
 - 19 outpatient clinics
 - 1 nursing school and Emergency Medical Services.
- Academic partnership with UCLA and USC Schools of Medicine for services and training of new doctors, NPs and PAs.
- Collaboration/contracts with over 50 Federally Qualified Health Centers for primary care for the uninsured.
- 19,000 county staff and around 4,000 contractors
- Operating budget of \$4 billion.
- Serves around 600,000 unique pts and around 3 million outpatient visits.



Department of Mental Health

- Largest municipal mental health system in the U.S.
- Staff and contractor model
- L.A. County Medicaid Managed Care Plan for all Medi-Cal beneficiaries and uninsured in L.A. County for severely mental health diagnosis
- Exclusive provider for L.A. County Children and Family Services, Probation, Sheriff and Social Services.
- Operating budget of \$2 billion
- Serves around 260,000 unique pts



Department of Public Health

- Serves to protect all of the residents in L.A. County.
- 39 distinct programs
 - Direct services such as vaccine, STD and tuberculosis treatment.
 - Environmental Health (safe water and food supply, restaurant safety and inspections etc...)
 - Investigation of public health threats and outbreak
 - Administrator for HIV/Ryan White Program
 - Substance Abuse Prevention and Control program manager for Medi-Cal beneficiaries and uninsured individuals.
- Operating budget of \$1 billion



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Health Agency Operational Framework

Who have the we talked to?

Over 70 meetings with over 80 external groups.

Board of Supervisors, CEO, DHS, DMH and DPH leadership and staff

Academic Institutions

Advisory Boards

Board-appointed Commissions

Client Coalitions

Community Councils

Community Residents

Faith-Based Councils

Grant Organizations

Health Advocates

Health Consortia

Health Plans

Healthcare Foundations

Healthcare Researchers

Hospitals & Clinics

Housing Providers & Associations

Nonprofit Organizations

Professional Healthcare Organizations

Public Interest Legal Services

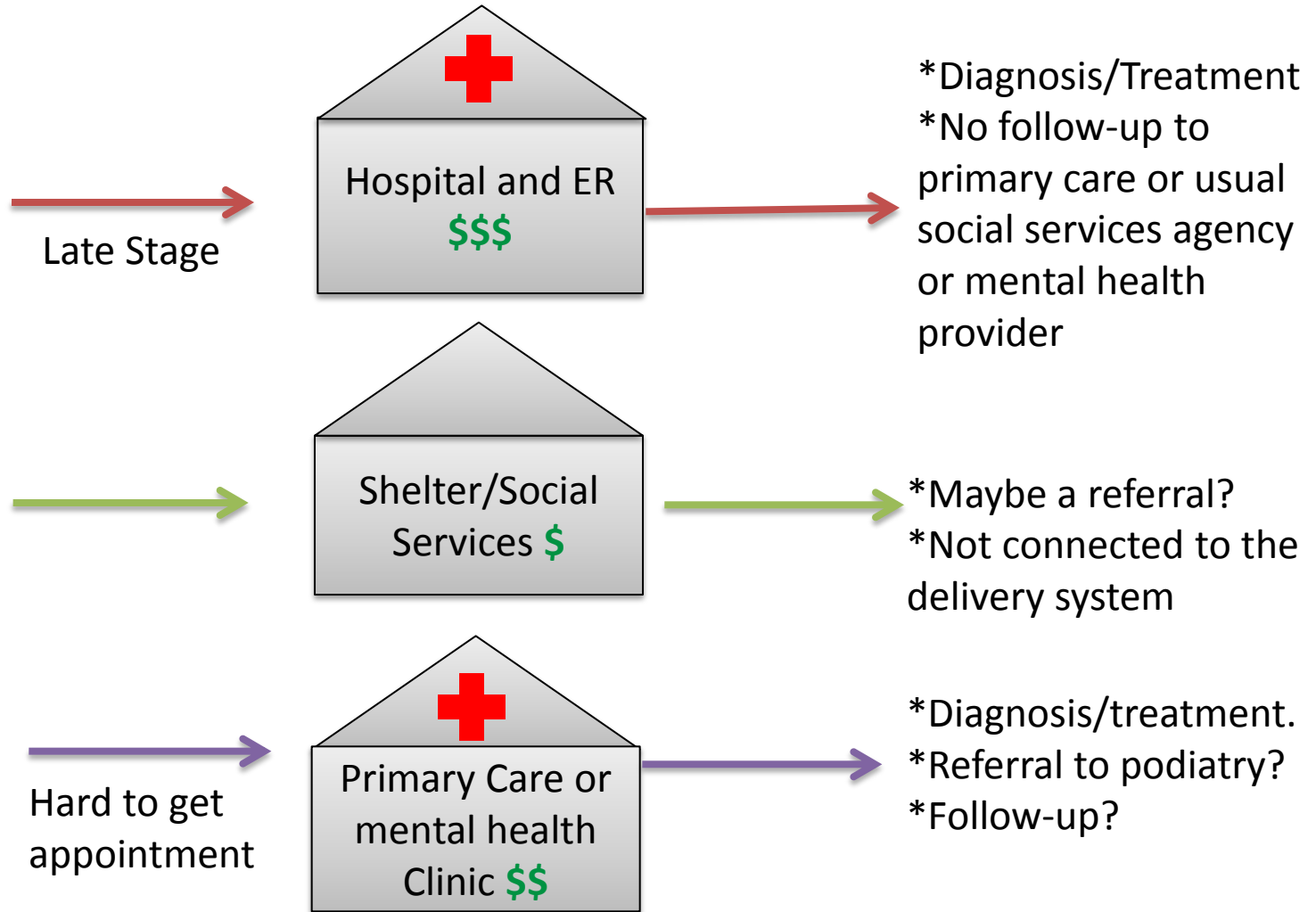
Public Policy Organizations

State Associations

Unions

Yesterday's Care: Homeless, Mentally Ill Diabetic Patient with an Infected Foot

Hospital-focused, episodic care or services, silo-ed, costly



Organizational structure as a means of supporting integration

Board-proposed health agency

- Departments report to health agency which has responsibility for **leading integration** across numerous areas
- Maintains **independent Departments** (DHS, DMH, and DPH)
 - Full **Department missions/scope** of activities
 - Direct **communication with the Board**
 - **Separate budget** unable to be changed without Board approval

Health integration opportunities

1. Integrated effort to reduce **health disparities**.
2. Better services for **vulnerable populations**.
3. Greater integration of **population health** and clinical service delivery.
4. **Integrated services** for those who need multiple types of care.
5. **Streamlined access** to all services regardless of the point of entry.
6. Increased access to and use of **information technology** and data.
7. Improved **workforce education** and training.
8. Stronger **LA County influence** on state and federal health policy issues.
9. More **strategic use of facilities**, including co-location.
10. More **efficient ancillary and administrative** services.
11. **Additional revenue** from Medi-Cal billing and reimbursements.

Potential risks of a health agency

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1. **De-prioritization** of mental health and public health issues.

 2. Additional layers of **bureaucracy**.

 3. Funds taken from Department resources to **pay for agency administration**.

 4. Departments **losing focus** on full scope of their distinct missions.

 5. **Cultural friction** between departments.

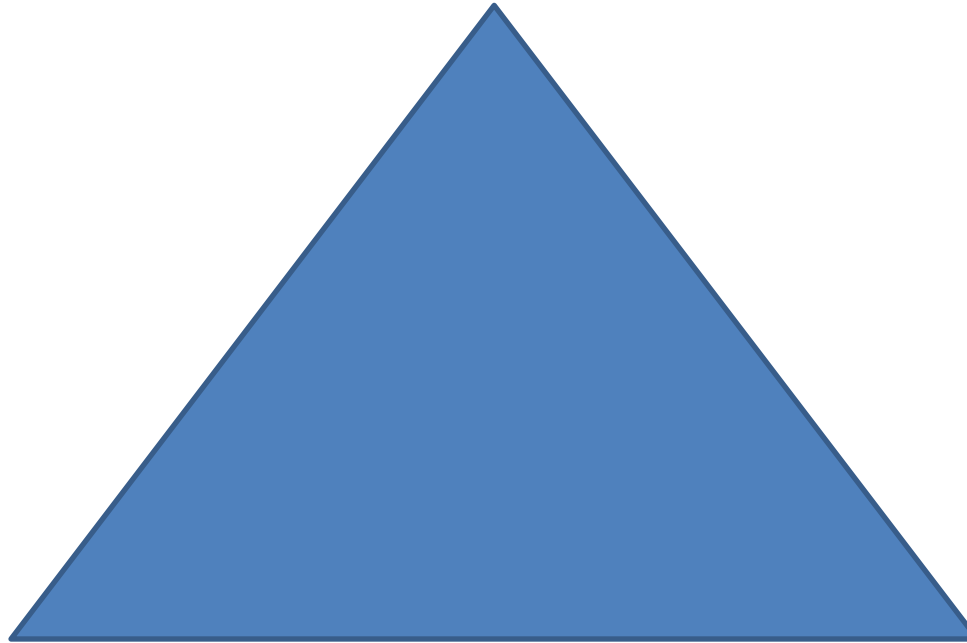
 6. Medicalization of mental health; less emphasis on the **recovery model**.

 7. **Disruption of existing service models**, partnerships, and client-provider relationships.

 8. **Distraction** from ongoing work to improve and integrate services.

Overall Strategy :
Health Agency Triple Aim
DHS (\$4B) + DMH (\$2B) + DPH (\$1B)

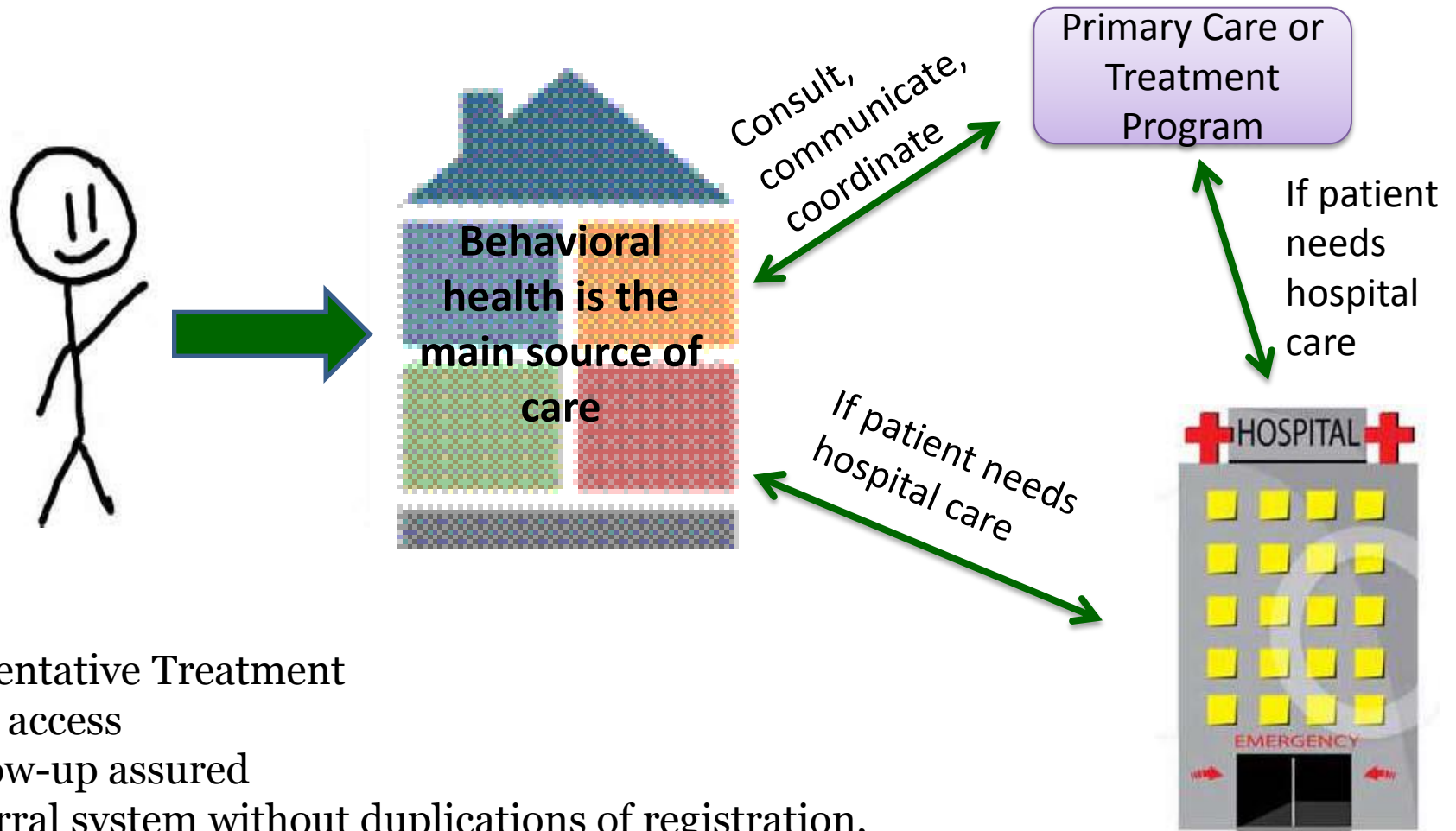
More Care



***Same or
Better Quality***

***Same or
Lower Budget***

Example of Health Agency's Integrated Care and Services for with a Person with Behavioral Health Problem



*Preventative Treatment

*Easy access

*Follow-up assured

*Referral system without duplications of registration, financial screening etc...

*Health Information Exchange to connect patients to community resources, primary care providers, specialists and hospitals

Health Agency Strategic Priorities

Consumer Access to and Experience with Clinical Services

Streamline access and enhance customer experience for those who need services from more than one Department, including by promoting information-sharing, registration, care management, and referral processes, training staff on cross-discipline practice, and increasing co-location of services.

Housing and Supportive Services for Homeless Consumers

Develop a consistent method for identifying and engaging homeless clients, and those at risk for homelessness, across the three Departments, linking them with integrated health services, housing them, and providing ongoing community and other supports required for recovery.

Health Agency Strategic Priorities

Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis

Reduce overcrowding of County Psychiatric Emergency Services (PES) and private hospital Emergency Departments (EDs) by children and adults in psychiatric crisis.

Access to Culturally and Linguistically Competent Programs and Services

Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities.

Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

Successfully divert corrections-involved persons with mental illness and addiction who may otherwise have spent time in County jail or State prison by placing them into structured, comprehensive, health programming and permanent housing, as tailored to the individual's unique situation and needs.

Health Agency Strategic Priorities

Implementation of the Expanded Substance Use Disorder Benefit

Maximize opportunities available under the recently approved Drug Medi-Cal waiver to integrate Substance Use Disorder (SUD) treatment services for both adults and youth into LA County's mental and physical health care delivery system.

Vulnerable Children and Transitional Age Youth

Improve the County's ability to link vulnerable children, including those currently in foster care, and Transitional Age Youth (TAY) to comprehensive health services (i.e., physical health, mental health, public health, and SUD services).

Chronic Disease and Injury Prevention

Align and integrate population health with personal health strategies by creating healthy community environments and strengthening linkages between community resources and clinical services.

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Healthcare Transformation in Action

Lots More To Do!!!

Lots of Help Needed!!!



- Although there are many changes occurring...
- There are many more steps to take as health system(s) continue with the transformation needed for the patient and community.



Comments/Questions