



NCQA Recognizes Ambulatory Care Network Medical Homes

By Yvette Kemhadjian



High Quality
Patient Centered
Cost-Effective Health Care

A Message From the Director



Mitch Katz, MD

I am so proud that our 16 Ambulatory Care Network sites were recognized as patient-centered homes by the National Committee for Quality Assurance (see article to the right). DHS has long been known for its high-tech specialty care (e.g., Burn Center, neonatal care, high-risk pregnancy deliveries, robotic technology for supporting rehabilitation, renal transplant), but we have lagged behind in developing primary care homes. Well no more. Whatever happens with the future of the ACA/health reform, it is clear that the future of medicine is providing high-quality primary care with referral to specialists when the patient needs it. Medicine is simply too complicated and specialized to expect that patients will know, on their own, which specialist to seek. And also the long term relationships that form between primary care providers and their patients are in and of themselves therapeutic. It has rained more in Los Angeles the last month than the entire 6 years I have been here! Believe me, bicycling home from work in the dark cold rain did not make me nostalgic for the San Francisco Bay area. I am delighted to be in the sunshine with all of you (but glad to see the snow on the mountains and to know that our desperate need for water has been fulfilled). Best wishes.

In December 2016, 16 Ambulatory Care Network (ACN) clinic sites received the National Committee for Quality Assurance (NCQA) Recognition for their Patient-Centered Medical Homes (PCMHs). The clinics that received this recognition are El Monte Comprehensive Health Center (CHC), Hudson CHC, Humphrey CHC, Long Beach CHC, Mid-Valley CHC, Roybal CHC, Antelope Valley Health Center (HC), Bellflower HC, Glendale HC, High Desert Regional HC, Lake Los Angeles HC, La Puente HC, Littlerock HC, San Fernando HC, South Valley HC, and Wilmington HC.

“The staff at Humphrey are proud and excited to be recognized for our commitment to serving our patients,” said Dr. Raymond Perry, director of Hubert H. Humphrey CHC. “We are constantly striving to make sure that our patients have optimal access to care and that their care is smoothly coordinated to meet their needs.”

NCQA is an independent, non-profit organization that manages numerous voluntary accreditations, certifications, and recognition programs of medical groups and health plans, and their PCMH Recognition Program is designed to assess whether clinician practices are functioning as medical homes and recognize them for these efforts. The standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication, and patient involvement.

To earn recognition, which is valid for three years, these ACN clinics had to demonstrate the ability to meet the program’s key elements, embodying characteristics of

(See ‘NCQA’ on back)

From Dr. Katz

FAST FACTS

Veteran Administrator Takes on New Role

By Michael Wilson

Former Olive View-UCLA Medical Center chief executive Carolyn Rhee, FACHE, has been tapped to work with the Department of Public Works and the Sheriff’s Department to inform the design of the County’s new Correctional Treatment Center, the first of its kind in the country. Rhee brings a wealth of capital projects knowledge and experience, having served as project director for the move transition to the LAC+USC Medical Center replacement hospital in 2008. We asked her about some of the challenges and what healthcare will look like for the justice population.

Where will this new treatment facility be built?

The current jail campus downtown includes the Men’s Central Jail and Twin Towers. The Twin Towers facility

(See ‘RHEE’ on back)



(‘NCQA’)

the medical home.

“We have reached yet another huge milestone in our journey to transform primary care,” adds Dr. Nina Park, ACN chief executive officer/chief medical officer. “Our staff have worked tirelessly to improve the care we provide our patients, and to make our clinics feel like a ‘second home’.

I am so pleased that all the efforts are being recognized in a formal way. This will motivate us to continue to excel.”



(‘RHEE’)

will remain open and continue to house incarcerated individuals, and the new Correctional Treatment Center will replace the Men’s Central Jail, which will be closed when the Treatment Center opens; 95% percent of the 3,885 beds will be dedicated for treatment.

It must be very different running a facility from designing one, how so?

It’s completely different. When you’re in operations, you are supervising lots of people and dealing with the day-to-day problems and administrative duties. In this role, I will be more consultative and I have no subordinates. I’m not directing operations, just participating in the design of this new facility.

Will you work directly with the project architect?

Later this year the Department of Public Works (DPW) will go out for bid for design-build contractors who will hire the project architects. This is a very large capital project, twice of size of LAC+USC Medical Center at 2 million square feet and a cost of \$2.2 billion. I will help DPW get ready for the bid and work directly with the architects when they are onboard. I don’t know a lot about jails, but I do know how to work with DPW, architects and contractors and those are the skills I bring to the table. In the construction world I would be called an Owner’s Representative, or the person representing the people taking care of the patients and giving advice on the design.

Where is the process now?

DPW hired an architectural firm, AECOM, to develop scoping documents that outline the elements of the project, including a list of all the spaces in the facility, estimated size, square footage for each type of room, and a concept for how it can be laid out. They did research around the country looking at different correctional health facilities and will give that information to the contractors/architects who are chosen. So we have a starting point the architects can build from.

What is the most challenging part of this project?

Bringing multiple parties together and keeping the project moving on track, on budget, and on target. Not knowing a lot about jail health is certainly a challenge, and I will rely heavily on the DHS Correctional Health

Office for guidance during the project phases.

What will healthcare look like in this new facility?

It will be a state-of-the-art facility with lots of thought into design to maximize efficiency and support all of the complex services that will be delivered there. More importantly, it will showcase advances in thinking around correctional treatment that I believe is now more humane and more compassionate. We take great care of patients in DHS, and the goal is to help the justice population get the services they need so they can manage chronic conditions, addictions, and behavioral health challenges and get on their feet when they are released.

What services will be offered?

Patients requiring acute hospital care will still go to LAC+USC. There will be skilled nursing services for those who are medically sick or require that level of care after surgery. Medical detox, mental health, and outpatient specialty care services will also be provided. Inmates will be screened and triaged during reception to identify the services they need. The facility will have single-level housing, no bunk beds, and will be more spacious.

How has design thinking evolved in institutional healthcare?

The team in place has done a lot of research and review of best practices nationally to develop the initial scoping documents. Healthcare facilities built today have greater incorporation of natural light because we know it creates better healing environments as one example. The design will also facilitate patient-centered approaches to care.

For the person who has done everything, what’s still on your wish list?

I’ve already done it, the LAC+USC replacement project was the highlight of my career. I had so much fun doing it, and am so proud of it. I remember the day we moved 400 patients in 6 hours. I love the people there and I learned a lot. Projects are more fun because there’s always a beginning, a middle and an end. When you’re an administrator everything is ongoing.

Electronic Record Exchange System Nears Launch

By Michael Wilson



An electronic platform allowing private and public providers serving safety-net populations across L.A. County to share patient medical information will be operational by the second quarter of this year.

The Los Angeles Network for Enhanced Service Health Information Exchange (LANES HIE) will allow linked providers to access history and physicals, discharge summaries, emergency room notes, specialty care notes, radiology reads, medications lists, and labs in real-time.

Providers can access the network through their electronic medical record systems or through a secure web-portal. The system also supports encounter notifications, allowing a DHS primary care team to be notified in real-time if their patient visits another LANES-connected provider, receive the clinical notes from that encounter, and take necessary follow-up steps.

LANES Board Chair Anish Mahajan, MD, says the effort will improve care delivery, patient safety, and care coordination.

“ORCHID allows providers in DHS to have a single view of our patients, but if a non-DHS patient presents in in one of our ERs, we can’t view that patient’s history to inform treatment. Just as electronic record systems upended decades of paper files and the way care is delivered, this is a natural evolution to unite provider organizations using different systems to share information seamlessly and securely.”

ORCHID data is now available in the LANES system. During the next 6 months, participants including LA Care Health Plan, the Community Clinic Association of L.A. County, Adventist Health (White Memorial and Glendale Memorial Hospitals), MLK Community Hospital, Avanti Hospitals, DMH and AltaMed will connect to LANES. LANES has also started negotiations with Dignity Health, UCLA Health System, Beverly Hospital, College Medical Center, Del Amo Hospital and Mission Community Hospital. By 2019, LANES intends to connect all the hospitals, clinics, and health plans that primarily serve the safety-net in Los Angeles.

The Board of Supervisors led adoption of LANES in 2009. In 2014, LANES was established as an independent non-profit organization.