



**Health Services**  
LOS ANGELES COUNTY

April 4, 2011

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
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**Mark Ridley-Thomas**  
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**TO:** Supervisor Michael D. Antonovich, Mayor  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

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

**SUBJECT: DEPARTMENT OF HEALTH SERVICES (DHS)  
STRATEGIC PLAN**

**Mitchell H. Katz, M.D.**  
Director

**John F. Schunhoff, Ph.D.**  
Chief Deputy Director

I am pleased to transmit the new DHS Strategic Plan. This plan is a roadmap for the vital system restructuring which DHS must achieve to fulfill its health care mission. Specifically, it incorporates the goals of the new 1115 Waiver and prepares DHS for health care reform.

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The draft strategic plan was widely distributed, including within DHS, other County departments, community and university partners and your offices. Comments and feedback were received from all sectors. I appreciate the time and effort which so many put into reading and responding. The comments and ideas are incorporated into the plan. Although we have taken the "draft" off the plan and are sharing this widely as the plan, it will continue to evolve as we strive to implement it.

*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.*

If you have any questions or need additional information, please contact me.

MHK:jp

Attachment

**c:** All DHS Employees  
Community and University Partners  
Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors



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**Los Angeles County  
Department of Health Services  
Strategic Plan  
March 2011**

**Mission**

To ensure access to high quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at Department of Health Services (DHS) facilities and through collaboration with community and university partners.

**Vision**

To be the most effective and innovative county health care system in the country.

**Values**

- We put our patients first.
- We provide care that is culturally-competent, linguistically appropriate, and geographically accessible.
- We learn continuously and strive to work at the top of our skill set.
- We empower our patients, their families, and their communities to be involved in their health care.
- We collaborate with other county departments, health providers, educational institutions, and advocacy groups.
- We function as an integrated, coordinated system across facilities, service types, and geography.
- We embody the values of the Los Angeles County government including accountability, can-do attitude, integrity, leadership, respect for diversity, and responsibility.

**Strategic Plan Goals**

- 1) Transform the Los Angeles County Department of Health Services from an episodic, hospital focused system to an integrated high-quality delivery system including community-based primary care and behavioral health providers focused on prevention, early intervention, and primary care with appropriate referrals for specialized services.
- 2) Assure sufficient capacity of hospital-based services to meet the needs of the residents of Los Angeles County.
- 3) Create a modern IT system that improves the care of our patients and assures efficient use of resources.
- 4) Assure the long term financial well being of the safety net health services in Los Angeles County.

- 5) Foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the services we provide to patients.

## **Strategic Goals with Strategies and Objectives**

### **Strategic Goal 1:**

*Transform the Los Angeles County Department of Health Services from an episodic, hospital focused system to an integrated delivery system including community-based primary care and behavioral health providers focused on prevention, early intervention, and primary care with appropriate referrals for specialized services.*

Strategy 1: Develop a centrally-managed, web-based, accessible system for determining eligibility and implementing enrollment of patients for Medi-Cal, Healthy Families, and other Federal, State and County funded programs.

Objective 1: Determine best existing eligibility system for Los Angeles County.

Objective 2: Determine sites where clients will be able to enroll.

Objective 3: Train application assistors to enroll patients.

Outcome for success: Ninety-five percent of continuity patients are screened through the system.

Strategy 2: Create a method of assigning managed care (e.g., Healthy Way LA, Seniors and Persons with Disabilities) and other patients with chronic diseases to medical homes at the appropriate level and facility including Public Private Partner (PPP) providers and allow for ongoing panel management and emphasis on continuity of care at the primary provider level.

Objective 1: Develop assignment method in consultation with PPP providers.

Objective 2: Implement across primary care sites including PPP providers.

Outcome for success: Ninety-five percent of managed care and other patients with chronic diseases are assigned to a medical home.

Strategy 3: Develop a web-based system of record that identifies the medical home of safety-net patients, including those of private providers that can be used at hospital and community-based sites.

Objective 1: Choose system of record.

Objective 2: Implement across primary care sites including PPP providers.

Outcome for success: All safety net providers can determine primary care home for patients needing follow-up care.

Strategy 4: Increase the number and capability of available primary care Medical Homes for patients with chronic illness or in high need for coordinated care (e.g., young children, substance users) both within the Department of Health Services (DHS) and among its PPP affiliates.

- Objective 1: Identify staffing model and roles within DHS facilities needed to implement medical home teams.
- Objective 2: Develop an ambulatory care site staffing model to optimize the quality and efficiency of care.
- Objective 3: Expand the roles for providers, for example, having registered nurses provide chronic disease management for patients with diabetes and congestive heart failure, having pharmacists actively involved in drug choices and adherence counseling, having health educators function as health promoters or “promotoras.”
- Objective 4: Develop job description and requisition for medical evaluation assistant and hire into position.
- Objective 5: Train DHS primary care providers to function as Medical Home teams.
- Objective 6: Work with patients and their advocates to determine characteristics important to make clinics “patient-centered,” and culturally/linguistically appropriate.
- Objective 7: Implement web-based registries that support the functions of the Medical Home and allow measurement of quality metrics at both facility and system levels.
- Objective 8: Expand care management (e.g., screening tools, use of treatment protocols) in primary care homes.
- Objective 9: Identify and enroll appropriate patients into disease management.
- Objective 10: Create extended hours of primary care to include evenings and weekends.

Outcome for success: Ninety-five percent of patients with chronic illness or need for coordinated care have a medical home.

Strategy 5: Improve care coordination

Objective 1: Establish system-wide policies and procedures that support the coordination of transitions in patient care (e.g., primary home to specialty care, primary home to hospital, hospital to primary home, etc).

Objective 2: Develop and implement mechanism for exchange of patient health information between hospitals and medical homes.

Strategy 6: Improve outpatient efficiency

Objective 1: Perform clinic redesign to reduce clinic cycle time.

Outcome for success: Decrease cycle time within redesigned clinics by 10%.

Strategy 7: Improve patient experience with ambulatory care.

Objective 1: Improve patient satisfaction.

Outcome for success: Meet or exceed the satisfaction scores for peer organizations.

Strategy 8: Improve quality of ambulatory care

Objective 1: Develop comprehensive continuous quality improvement culture within ambulatory care: choose evidence-based quality goals (e.g. HEDIS measures), measure them prior to intervention, develop strategies for achieving goals, measure them in local settings and across the system.

Outcome for success: Meet or exceed goals for receipt of recommended care (e.g., rate of mammogram screening, asthma care, screening for colon cancer). Exceed national average, for at least 75%, of relevant CMS processes of care measures.

Strategy 9: Increase the provision of urgent care services for patients who need to be seen right away but do not require emergency care.

Objective 1: Expand urgent care service hours, especially during early evenings and on weekends.

Objective 2: Expand nurse advice line or other methods to redirect patients needing episodic or urgent care to the appropriate facilities BEFORE they come to the emergency department (ED).

Objective 3: Educate patients on access options and appropriate use of the ED.

Strategy 10: Increase the availability of specialty care services to DHS and other safety net patients.

Objective 1: Implement standardized referral guidelines for specialty care clinics.

Outcome for success: Ten percent reduction in inappropriate referrals.

Objective 2: Establish standardized guidelines for when clients should be discharged from specialty care.

Outcome for success: Ten percent reduction in repeat visits to specialty care.

Objective 3: Develop an e-referral system to ensure that persons needing specialty care are seen promptly, that the referral is appropriate and that needed diagnostics are performed prior to the visit, that the referring primary care provider is linked directly with the specialist for consultation, that the report is returned easily and quickly and those requiring specialty advice only receive it without the patient being required to make a visit.

Objective 4: Determine what volumes of specific specialty services are needed at what facilities to meet the anticipated needs of the patients receiving primary care within DHS and its partners, and plan for their availability.

Objective 5: Work with medical school partners to provide an optimal match between specialty care services and the needs of the safety net population.

Objective 6: Target specialty clinics that are in greatest demand for evaluation of the appropriateness of existing patients and the potential for redirection of those patients into Medical Homes, operated either by DHS or its PPP providers.

Objective 7: Develop innovative methods for enhancing the capacities of specialty services (i.e., retinal cameras, telemedicine, linkages among designated PPPs or DHS primary care facilities and specialty clinics, use of physician extenders, partnerships with private specialists).

Objective 8: Establish “enhanced” or “specialized” medical homes within the system that pair primary care and specialty services in an integrated approach.

Objective 9: Establish specialty/diagnostic centers in all DHS regions to provide greater access to and integration with community Medical Home partners.

Objective 10: Measure and address the no-show rate at subspecialty clinics.

Strategy 11: Integrate physical health services with behavioral health services.

Objective 1: Intensify joint planning and collaboration with the Departments of Mental Health and Public Health.

Objective 2: Determine priorities for integrated services.

Strategy 12: Develop ability to offer home care services to appropriate patients.

Strategy 13: Increase the number and capability of integrated school health centers.

Strategy 14: Improve the exchange of patient information between DHS and both private providers and other County Departments.

Objective 1: Actively participate in the Los Angeles Network for Enhanced Services (LANES) to ensure membership and inclusion in a county-wide healthcare information exchange plan.

Objective 2: Establish the information systems foundation for future electronic exchange and begin routine electronic information exchange of selected health and human services data among County departments serving the same individuals.

Strategy 15: Develop a DHS-wide approach for high risk-high cost individuals with multiple problems to more effectively address issues of substance abuse, mental illness and homelessness.

## **Strategic Goal 2:**

*Assure sufficient capacity of hospital-based services to meet the needs of the people of Los Angeles County.*

Strategy 1: Provide assistance to assure the successful opening of Martin Luther King, Jr. (MLK) hospital on schedule in 2013, including the development of rational and effective linkages between MLK and those DHS services provided on the campus or in the region (i.e., MLK Multiservice Ambulatory Care Center, primary care, emergency transfers, and psychiatric services).

Strategy 2: Decrease the average length of stay for hospitalized patients.

Objective 1: Implement inpatient clinical pathways in those areas where there is consensus.

Objective 2: Develop non-hospital alternatives for hospitalized patients who are no longer acutely ill but cannot be discharged to their home.

Objective 3: Optimize hospital operations/throughput (e.g., ED to inpatient transition, admission, discharge, bed turnover, diagnostic or procedural capacity constraints.)

Strategy 3: Decrease unnecessary ED visits through increased provision of primary care and urgent care.

Strategy 4: Assess the needed bed capacity within DHS.

Objective 1: Maintain accurate timely data on hospital capacity and utilization at all DHS facilities.

Objective 2: Deploy available strategies for immediately decreasing capacity in sites where DHS hospitals are over-capacity (e.g., contracting for non-hospital alternatives, movement of patients across DHS sites and other safety net hospitals).

Strategy 5: Reduce rates of hospital readmissions at all DHS sites.

Objective 1: Schedule follow-up appointments prior to discharge from DHS hospitals for patients with chronic diseases.

Outcome for success: Appointments scheduled with a specific provider for 95% of patients discharged with heart failure, community acquired pneumonia, or diabetes.

Outcome for success: Decrease in readmission rates for heart failure, community acquired pneumonia, and diabetes.

Strategy 6: Expand use of non-hospital alternatives for people with conditions not requiring inpatient admission (e.g., outpatient surgical center).

Strategy 7: Investigate modifications in scheduling (e.g., elective surgery on weekends) to alleviate hospital crowding.

Strategy 8: Decrease emergency department cycle time.

Outcome for success: Decrease emergency department cycle time by 10% across DHS.

Strategy 9: Develop and implement a standardized inpatient nursing staffing model.



### **Strategic Goal 3:**

*Create a modern IT system that improves the care of our patients and assures efficient use of resources.*

Strategy 1: Migrate clinical data from the Affinity System set to sunset in 2012 to a system that can meet meaningful use criteria.

- Objective 1: Identify systems capable of handling existing data with the capacity to build a fully integrated electronic health record (hospital, ambulatory, pharmacy, etc.) with decision support able to meet the meaningful use criteria.
- Objective 2: Procure appropriate system through the county system.
- Objective 3: Build a single integrated system for DHS to be hosted on a single remote server.

Strategy 2: Prepare DHS system to share/exchange patient information with community providers.

Strategy 3: Identify and implement important functional components to develop and implement for the electronic health record.

- Objective 1: Implement a point of service electronic prescription writer.
- Objective 2: Implement a point of service hospital orders system.
- Objective 3: Identify other critical new functions for the electronic health record and determine order of taking them live.

Strategy 4: Develop sufficient infrastructure capability for providers to be able to use an electronic health record.

- Objective 1: Assess current equipment inventory and needs, including workstations, printers, internet capability, etc.
- Objective 2: Assess current IT staffing and needs.
- Objective 3: Assess current software and needs.

Strategy 5: Standardize processes prior to computerization.

- Objective 1: Determine processes that require standardization.

Strategy 6: Develop a unique patient identifier across DHS with the ability to resolve duplicates in real time.

Strategy 7: Develop a system for assuring that each treating clinician has a unique identifier that connects to the care of a patient.

Strategy 8: Educate staff on need for and skills to enable a successful electronic health record.

**Strategic Goal 4:**

*Assure the long-term financial well being of the safety net health services in Los Angeles County.*

Strategy 1: Develop real-time reporting of DHS costs at a cost-center level.

Strategy 2: Develop financial models for accepting bundled, capitated and other non-cost-based payment methods.

Objective 1: Develop a process to financially screen ED patients after the medical screening examination is completed and necessary stabilization is under way.

Strategy 3: Develop necessary infrastructure (e.g., medical staff organization) for handling managed care patients.

Strategy 4: Develop a mechanism to execute contracts between DHS and other health care providers.

Strategy 5: Increase the proportion of patients in DHS covered by Medicaid, Medicare, or private insurance.

Objective 1: Develop a communication/marketing plan to attract and retain publicly and privately insured patients.

Strategy 6: Maximize services within available resources.

Objective 1: Decrease the percentage of denied days.

Outcome for success: Denied days for full scope Medi-Cal is less than 10%.

Objective 2: Develop comparative utilization measures and targets, and communicate findings to providers throughout the system.

Objective 3: Assess utilization data to identify opportunities for decreasing unit costs by increasing the provision of services.

Objective 4: Develop defined benefit packages for populations served by DHS.

Strategy 7: Review DHS procurement processes to identify opportunities to decrease costs without harming quality.

Objective 1: Implement a Supply Formulary to create system-wide material purchasing uniformity.

Strategy 8: Maximize the capacity of DHS facilities, programs, and providers to procure federal, state and foundation funding to enhance systems of care and promote care innovations.

Strategy 9: Fulfill the requirements of the 1115 Waiver and healthcare reform to maximize funding to DHS. (All necessary elements of the 1115 Waiver and healthcare reform implementation are listed in the appropriate sections above.)

**Strategic Goal 5:**

*To foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the care we deliver.*

Strategy 1: Create a culture of ongoing, multi-directional communication across DHS and external partners that reinforce its mission, vision, values, goals and objectives.

Objective 1: Identify all effective means of communication including electronic, printed, mobile and personal modalities.

Objective 2: Deploy all effective methods of communication across DHS and external partners.

Strategy 2: Establish expectations for the development and implementation of quality improvement projects within each DHS unit (e.g., clinic, hospital ward, etc.) where the projects and strategies are chosen by the staff, results are widely disseminated, and best practices are spread throughout the Department.

Objective 1: Determine every functional unit of a size capable of carrying out a quality improvement program and its leader.

Objective 2: Have each leader convene a work group of staff, including front line staff, to choose a project, perform a baseline measure, design a strategy for improvement, and measure post-intervention.

Objective 3: Hold a series of town hall meetings across DHS where front-line staff presents the results of their quality improvement projects.

Strategy 3: Implement standardized outpatient satisfaction surveys across DHS facilities.

Objective 1: Develop a process for communicating results to raise awareness of patients' perceptions of care.

Objective 2: Develop a process for increasing patient satisfaction with care.

Strategy 4: Create a robust labor-management collaboration with meaningful participation by front line staff to achieve DHS mission.

Objective 1: Identify successful staffing and process models from internal and external health care systems and replicate.

Objective 2: Assign staff and seek organized labor designees to tackle three issues chosen by the joint group.

Objective 3: Promote labor-management interaction at the unit level that can help to implement the DHS vision.

Objective 4: Use valid and reliable measurement tools to survey employee experience and communicate findings.

Objective 5: Identify current DHS resources and establish a cohesive training and development infrastructure.

Objective 6: Create a Supervisor/Manager Guidebook with performance expectations, and revise and reissue the Departmental Employee Evaluation and Discipline Guidelines.

Strategy 5: Reinforce the DHS functioning as a *system of care*.

Strategy 6: Deepen DHS relationship with teaching institutions (universities, medical, nursing and pharmacy schools, schools of public health, community college system) to increase the opportunities for training and evaluation research within DHS.

Strategy 7: Create new and support existing paths for professional advancement (e.g., nurse assistants becoming registered nurses, registered nurses become clinical nurse specialists) and professional development (e.g., California Health Care Foundation fellowship program).