

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, May 1, 2024**

<u>Commissioners</u>	Present	Absent
David Marshall, D.N.P., Chair	X	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair		X
Christopher Bui, M.D.	X	
Michael Cousineau, MPH, Ph. D	X	
Dr. Genevieve Clavreul, R.N., Ph.D.	X	
Phillip Kurzner, M.D.	X	
Laura LaCorte, J.D.	X	
Patrick Ogawa	X	
Elisa Nicholas, M.D.	X	
Barbara Siegel, J.D.	X	
Margaret Farwell Smith	X	
Stanly Toy, M.D.		X
Rosemary C. Veniegas, Ph.D.	X	
Tia Delaney-Stewart	X	
<u>DHS Staff</u>		
Allen Gomez	X	
Robert Broadbelt	X	
Ovsanna Thomas	X	

1. Call to Order

The meeting was called to order at 10:33 a.m. by Chair Marshall.

2. Roll Call

Allen Gomez and Robert Broadbelt, Commission staff, called the roll.

3. Welcome and Introductions

Chair Marshall welcomed all members of the commission, staff, and guest.

4. Action Item:

Approval of Minutes – April 4, 2024

April 4, 2024 minutes were unanimously approved on May 2, 2024

5. Presentation –

General discussion with Ferris Ling.

DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<ul style="list-style-type: none"> • Question 1: How much does LA County DHS receive in medical dollars each year, directly from the federal government, from the state of California? • DHS is a 9 billion plus organization with five billion funded by Medi-Cal revenues. Federal and state make up about 70% and 10% respectively of the revenues. Los Angeles County contributes the remaining 20% for intergovernmental revenues. 	

- Question 2: What are the primary revenue sources for DHS and how have these sources changed over the past few years?
- Managed care and uninsured are the biggest patient populations DHS serves. This is funded by Medi-Cal and global payment program revenues.
- Added Question: Has uninsured changed because of Medi-Cal expansion?
- DHS is still claiming revenue, although the way it is claimed is a bit different.
- Added Question: What is the global payment program?
- It is a funding source for uninsured population. It works on a point system, where the more services provided, the more points are earned, thereby maximizing funding.
- Questions 3 & 4 answered together: What are the most significant financial challenges currently facing DHS and what strategies are being employed to address/mitigate these challenges? How is DHS planning for future financial sustainability? Are there any longterm financial risks or opportunities that are being closely monitored?
- There are a number of factors impacting the managed care population due to the COVID-19 pandemic.
- Redetermination had paused from March 2020 through June 2023 and the number of managed care beneficiaries assigned to DHS increased by approximately 135k lives.
- The redetermination process has resumed, resulting in many patients losing Medi-Cal eligibility.
- In addition, the state implemented a state only funded program by expanding eligibility for full scope medical benefits to individuals regardless of their citizenship or immigration status, who are 50 years of age or older.
- DHS continues to monitor and evaluate effect of changes and develop sustainable funding streams going forward.
- The program has a sunset date of end of 2026. DHS is currently working with the state to explore options to extend the program.
- With regard to the monthly expenditure on the external registry, HDS is working with Aries Limbaga to address high utilization on the dashboard and Implement cost accounting analysis to understand cost deviations among offices.
- Question 5: How do you envision the financial health and operational efficiency of DHS evolving over the next five years?
- DHS plans to rely on federal funds to support current operations over few years. Also plants to work with state to address funding shortage in the longer term.
- Additional question: How is the My Health LA money that was not claimable being used? Mr. Ling will get back to the commission.
- Additional question: What percentage of the budget is dedicated to salaries?

- Employee salaries and benefits is about 4 billion of the total budget of 9 billion. 3.5 billion for services and supplies (which includes contract employees).

6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
a. Discussion – Los Angeles General Medical Center: Support letter for Augusta Hawkins Mental Health Center Staff	<ul style="list-style-type: none"> • Commission sent support letter to LA General. It was well-received. 	
b. Discussion - Annual Report	<ul style="list-style-type: none"> • Brief discussion was held regarding Commission members each drafting their portion of the report. • Commissioners were asked to send their respective sections to DHS staff prior to next meeting in June. The report will be discussed and finalized at the June meeting. 	
c. Discussion – DHS Dashboard	<ul style="list-style-type: none"> • Page 1 • The dashboard does not show trends over time. • Commissioners had some questions regarding trends over time, which will be asked of Shari Doi in advance of her August visit to the Commission. • Question: Is DHS a Medicare advantaged provider? • Page 2: • How are they defining primary care? • Page 3: • What is a visit? • What is a session? • Commissioners found it helpful that this page was broken down by sites. • Commissioner pleased that County is screening for food insecurity. • Page 5: • Question was bookmarked for future speaker(s): opportunity to provide Spanish translation of the patient portal. • Commissioner curious to understand number of MTEs? dedicated to virtual care. • Pg. 6 	

- Commissioner curious why cardiology referral is low.
- Which specialties are mostly affected by workforce issues?
- Bookmark for discussion: how the metrics are, calculated? when specialist accepts is vs. when referred? This goes to quality care. SME is Giboney. A meeting will be organized with a few commissioners and Dr. Giboney.
- Commissioner would like data point added pg. 6: "scheduled" is there, but not "patient seen."
- Pg. 7:
- Inpatient Workload and ALOS, average daily census: is there a way to collect data related to complications from long COVID to determine how, if at all, the hospitals' average daily census is related to long COVID complications?
- Pg. 8:
- Surgical Cancellations: please explain what "system issues" are with respect to cancellations. Why are LA General's and Harbor's system issues so high and what can be done to reduce them.
- Same chart: what comprises the largest cause of cancellations related to patient issues? Is that data tracked and can we get it?
- Pg. 10:
- LBTC percentages, especially from Harbor and LA General. We have been following the Harbor data for quite some time, and it continues to be higher than expected. What exactly accounts for LBTC and how is it calculated? According to our research, the national average for LBTC was 2% in 2019, but increased to 4/6 % in 2022. All DHS Hospitals are above that 2022 benchmark. Is there a reason? A plan to reduce that number?
- Same chart: The national average for LWBS is also around 2%, and again all DHS hospitals exceed the benchmark. Can you explain why and what can be done to reduce that number?
- Pg. 12:
- How many walk ins versus those who were brought in? Does this include trauma visits?
- Pg. 13:
- How many beds are available for psychiatric patients?

	<ul style="list-style-type: none"> • Pg. 14: • Commission suggested to add ODR presentation for future. • Pg. 15 • Interesting to know what the positive scenario might be in terms of future funding for benefits for Housing for Health. • Pg. 18: • Question: What is the re-hospitalization/readmission rates? • Pg. 19: • One thing to ask Dr. Patel, there are new instruments available that measure patient experience. Is the County thinking about this? 	
d. Discussion – Commission Site-Visits	<ul style="list-style-type: none"> • The next Commission visit to Long Beach Comprehensive Health Center will be rescheduled due to scheduling conflicts. • DHS will reach out to facility and circulate new potential dates. 	
d. Discussion – Commission Guest Speaker	<ul style="list-style-type: none"> • DHS hospital CEOs will be present on June 6. • Shari Doi is August’s guest. 	
e. Discussion – Hospital Commissions 2024 Strategic Priorities		
f. Standing Committee on CalAIM		

7. Items not on the posted agenda for matters requiring immediate action because of an emergency, or where the need to take immediate action came to the attention of the Commission after the posting of the agenda.

8. Public Comment
No public comment.

9. Adjournment

The meeting adjourned at 12:29 p.m. The next regular meeting is scheduled for June 6, 2024.