Preparing for Launch:
Los Angeles Safety Net Stakeholder Recommendations on Federal Health Reform

February 2011
**INTRODUCTION**
The passage of the Patient Protection and Affordable Care Act (ACA) nearly one year ago has prompted efforts to transform the health care safety net in preparation for full implementation of federal health reform in 2014. County public health systems like Los Angeles face extraordinary changes that will give choices to its traditional patient base to select providers and require improved continuity of care, health outcomes, and integration of its health care, mental health and substance abuse systems. In July 2010, LA Health Action (LAHA) commissioned Harbage Consulting to summarize opinions on ACA through interviews with more than 20 county-level health care thought leaders, focused on the Los Angeles County Department of Health Services (DHS) and other safety net providers. The report is available on the LAHA [web site](http://www.laha.org).

In order to solicit input on concrete next steps, Harbage Consulting conducted participatory sessions with community stakeholders on key issues raised in the report. The venue for dialogue was the October 2010 meeting of the LAHA-led [LA Health Collaborative](http://www.laha.org), a coalition of over 80 public and private stakeholders dedicated to improving the local health care safety net and community health. Volunteers and scribes were selected from the Collaborative to facilitate the breakout groups and record the conversation. The following four discussion topics were selected:

- **Key Elements in Developing an Integrated Delivery System**
- **Steps to Promoting a Better Understanding of ACA**
- **Steps to Making the Safety Net More Customer-Focused**
- **Role of L.A. County-Operated Hospitals**

The draft notes were transcribed and posted on the LAHA web site for a 45-day comment period to allow an opportunity for stakeholder review and additional commentary. Approximately 40 individuals contributed their perspectives, representing philanthropy, county government, physicians, community clinics, hospitals, businesses, labor, workforce development and advocates, with a list available in Appendix A. Four themes emerged from the sessions:

- **Developing integrated delivery networks.** This includes identifying access barriers, target populations, system partners and key roles; developing health homes using the Public Private Partnership (PPP) network of community clinics; planning for Accountable Care Organizations (ACOs); developing a Health Information Technology (HIT) strategy and infrastructure, and identifying workforce development opportunities.

- **Strengthening safety net provider systems’ capacity to compete.** Patient centeredness, including health homes and a culture of service excellence, cultural and linguistic competency, financing incentives, and improving health outcomes were discussed.

- **Implementing effectively the Section 1115 Medicaid Waiver.** This included addressing the transition of Seniors and Persons with Disabilities (SPDs) to mandatory managed care, Low Income Health Plan (LIHP) and DSRIP (Delivery System Reform Incentive Pool); integrating behavioral health; and financing care for the residually uninsured.

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1 More information may be found at [http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx).
• *Getting ready for 2014.* The Exchange, benefits design and oral health, which was not included in ACA, were mentioned.

The session results are summarized on the following pages.

**PARTICIPATORY SESSIONS RESULTS**

**Key Elements in Creating an Integrated Delivery System**

With the passage of federal health reform and the renewal of California’s Section 1115 Medicaid Waiver, it is critical that current safety net systems be restructured to form a planned delivery system capable of being a “provider of choice” for more than just the uninsured. In particular, the Los Angeles County Department of Health Services (LACDHS) and other county departments, community clinics and health centers, labor, hospitals, health plans, physicians, other providers and advocates must work to transform and refine services to prepare for 2014.

We should develop a clear understanding of what will need to be standardized and centralized countywide, such as Health Information Technology (HIT), versus what will need to be administered regionally to allow for local variation such as organizational cultural differences and population served. South L.A. is one example of regional organization and Accountable Care Organization (ACO)\(^2\) planning.

**Recommendations**

A L.A. County integrated delivery safety net system will rest on the following pillars:

• *A taskforce should be developed to focus on financial incentives countywide.* There should be financial incentives for improved processes, paperwork and speed, with a need to align risk and incentives. For example, who contributes to an ACO for financial base and structure for a community?

• *A health home concept should be implemented.* In the absence of a consistent national operational definition, the traditional medical home model should be expanded to include optimal integration of care for patients whose health needs include mental health and substance abuse issues. The use of "health home” or "behavioral health home” is particularly important to patients with high mental health needs.

• *The current planning process for the LACDHS Ambulatory Care Transformation should be expanded to include other health care stakeholders.* Community clinics and health centers that participate in the Public Private Partnership (PPP) program are an essential part of the LACDHS primary care delivery network and along with other providers and advocates should be involved in transformation discussions.

\(^2\) According to the National ACO Congress, ACOs are provider collaborations that support the integration of groups of physicians, hospitals, and other providers in different ways around the opportunity to receive additional payments by achieving continually advancing patient-focused quality targets and demonstrating real reductions in overall spending growth for their defined patient population. ACA requires the DHHS Secretary to define performance measures, attribution methods, expenditure benchmarks and savings thresholds for ACOs by January 1, 2012.
• **Outpatient specialty care capacity should be increased.** Some specific collaborative opportunities include:
  - Expanded specialty access
  - More appropriate screening and triage of specialty care
  - Ensuring patients access the appropriate care at the appropriate location, including primary and specialty medical, dental and behavioral health

• **Integrated HIT systems should be implemented that can communicate with each other.** Some specific HIT opportunities include:
  - E-Consult
  - Information sharing (patient information, referrals)
  - Interoperability
  - Uniform referrals

• **The workforce development structure needs to support an integrated delivery system and to evolve around a health home model.** We should begin planning for future needs, developing local mapping of workforce development driven by employer requirements, and providing training now at community colleges and medical schools. Critical positions include primary care provider (PCP) managers, certified medical assistants, case managers, and HIT technicians. Ongoing training and technical support will be required.

• **Defining the role of other health care providers in the safety net system,** such as Kaiser Permanente. For example, information sharing vs. patient care: we can learn from Kaiser Permanente’s integration and how they allow regional variation and local autonomy.

**Steps to Promoting a Better Understanding of ACA**
With the passage of ACA, the support of consumers, legislative leaders and stakeholders will be required for effective implementation. An opportunity exists to inform newly elected representatives and specific populations about the benefits of the new law in order to build a new base of supporters. In particular, a long-term strategy will be needed, partnerships should be developed with existing education efforts, and proven methods and new media should be used.

**The Messaging Opportunities**

• **New leaders.** There is an opportunity to influence the newly elected gubernatorial administration along with the state Legislature and Congressional delegations.

• **The public.** There is a lack of understanding of ACA’s provisions and a need to disseminate information that is tailored to the average person. How can the public see their stake in health reform and become more vocal? We should partner with existing efforts including those initiated by The California Endowment (TCE).

• **Constituency planning.** Messages should be developed for various target groups (see the Reaching Special Populations section on p. 4 for more information).

• **How big is the message?** We should develop alliances and partnerships to weave other programs into messaging, such as the County’s Coverage Initiative (Healthy Way LA),
which will transition to the Medicaid expansion in 2014. We should develop a bank of health care stories on how people have benefited from the policy changes.

- **Leveraging California vs. other states.** California is an early implementer, as the first state that passed legislation to create a health insurance exchange. How can we capitalize on this opportunity?

- **Branding.** Rename ACA as “New Health Care Law” to emphasize that the legislation has been enacted and will be fully implemented by 2014.

- **Supportive tone.** Most people are in support of aspects of the law but are apprehensive of the expansion of government involvement in health care delivery and payment. There should be consumer protection messages about ACA, rather than “you are required to….” which sounds punitive.

- **Going viral.** In order to reach people who are potential supporters of ACA and to create virtual word-of-mouth, online and mobile communications tools should be used, such as Twitter, Facebook and smartphone technology.

### Reaching Special Populations

- **Targeting.** Given the size and diversity of the L.A. population, we should work with experts to develop targeted outreach messages specific to age, demographics, culture, linguistic needs and education level, and partner with strategic allies to deploy them. For example, we will need to develop separate messages for those who will have coverage.

- **Provider messaging.** Is there a way to show how private providers will benefit from many new customers due to coverage expansions? We should begin conversations with industry representatives.

- **Small business owners.** In spite of being confused and fearful about ACA, small businesses will benefit from the tax credits to assist in providing health coverage to their employees. Their workers will have the opportunity to purchase coverage in the Exchanges, which should help businesses defray the cost of new hiring.

- **College students.** Campuses represent a great opportunity to disseminate accurate and timely information. We should consider how to design appropriate messaging for this population and how they might be effective in reaching their parents and other contacts.

### Recommendations

- **Identify existing efforts and partners** that may serve as a starting point (i.e., TCE, Herndon Alliance, advocacy organizations, etc.)

- **Clarify goals and outcomes, and develop short and long-term strategies** over the next several years.

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3 More information may be found at [http://www.healthcare.ca.gov/Priorities/HealthBenefitExchange.aspx](http://www.healthcare.ca.gov/Priorities/HealthBenefitExchange.aspx).
• **Develop targeted public education campaigns** to reach special populations such as college students, private providers and small business owners.

• **Use a variety of educational methods to communicate messages, dispel myths and answer questions for consumers and their contacts.** Use traditional outreach methods such as health fairs, *promotoras* and Certified Application Assistors (CAAs) as well as new media such as mobile apps and social networking.

• **Create a Speaker’s Bureau** with a bank of culturally and linguistically appropriate materials so that we can improve messaging ability and have a consistent, powerful way of explaining ACA. For example, create messages that are linked to certain holidays such as Valentine’s Day.

**Steps to Making the Safety Net More Customer-Focused**

The LACDHS delivery network and its contracted community clinics through the Public Private Partnership (PPP) program have several positive elements. Regardless of reality, there is a patient perception of receiving second-tier care. The public safety net should begin to transform to a patient-focused, high quality health care system so that it may be better positioned to move towards financial stability once full ACA implementation occurs.

**Strengths**

• **Tremendous linguistic and cultural competency.**

• **Mental health, substance abuse, and housing services available at various sites.**

• **Passionate providers.**

• **Strong patient advocates.**

**Weaknesses**

• **Lack of resources in transitioning customers to the new model under health reform.**

• **The need to provide continuity of care.**

• **Lack of integrated HIT/HIE and electronic medical records (EMRs).**

• **Lack of integrated health, mental health, substance abuse and housing services.**

• **Lack of customer service orientation and ability to manage expectations within the current delivery system.**

• **Need to attract new staff, recruit and retain health care providers, and address structural problems in hiring new physicians.**

• **Need to provide outreach and education to immigrants and newly arrived populations on using the health care system appropriately** (i.e., patients should seek care for non-emergent conditions in an ambulatory care setting as opposed to an emergency room).
• Need to standardize communication processes and tools between LACDHS hospitals and private hospitals, on issues such as how community hospitals may refer patients into LACDHS to access specialty care services.

Recommendations

• Change culture to emphasize problem-solving and flexibility.

• Empower staff with the tools and trainings to develop solutions, create clear career pathways to promote advancement, and provide performance incentives along with continued staff development and training (i.e., support labor/management partnership).

• Brand LACDHS to reflect its strengths and new focus, from changing its logo to developing marketing and communications materials.

• Address system needs across the entire continuum, such as increasing access to specialty care and integrating behavioral health.

• Improve health literacy and patient education on care through better utilization of promotoras, the group visit model, peer-to-peer support groups, and other best and promising practices.

• Improve available resources for non-medical needs, such as case management and care coordination.

• Seek alternative modes of communication between patient and provider that is consistent with a patient-centered “health home” model, such as e-mail and phone scripts.

• Communicate with staff regarding the transition to the new model under the ACA (i.e. why does our health system look this way, what is a safety net?).

Role of LACDHS-Operated Hospitals

LACDHS hospitals should and must continue to operate due to their unique role and capacity within the larger L.A. County hospital network. In planning for ACA implementation, mechanisms to coordinate relationships, patients and capacity between public and private hospitals should be developed. LACDHS hospitals have a number of strengths and face particular challenges that should be considered in transforming the health care safety net.

Coordination between LACDHS-operated and Private Hospitals

• Integrate academic relationships.

• Develop a system to track shared patients and integrate different HIT systems. In particular, it will be important to develop an EMR that will enable sharing of demographic data and conducting population analyses.

• Analyze the capacity between neighboring LACDHS and private hospitals, such as White Memorial Medical Center and LAC+USC Medical Center.
• Develop new and shared FQHC clinics in addition to existing PPPs. The goals would be to increase primary care capacity and achieve better coordination of care.

**LACDHS Competitive Strengths**

• A significant number of loyal LACDHS patients exist. Some patients have been the system since being born at a LACDHS hospital and continue to seek services.

• LACDHS hospitals have tremendous linguistic and cultural competency.

• LACDHS hospitals have bed capacity that will be needed once full ACA implementation occurs. There should be a real-time indicator of where beds are open within LACDHS.

• LACDHS should share best practices for primary and specialty care with private clinics.

• LACDHS hospitals have specialized services. For example LACDHS operates Trauma Centers, Burn Center and Rancho Los Amigos Rehabilitation Hospital.

**Other Issues**

• LACDHS will always have a role in coordination of care for residually uninsured populations such as the undocumented and recent immigrants. However, what funding stream(s) will be available to support services? If LACDHS is able to attract enough insured patients (i.e. Medi-Cal, privately insured), then this could in part subsidize the costs of caring for the uninsured.

• The County could consider self-insuring its workforce (i.e. New York City Health and Hospitals Corporation), which LACDHS benefits packages do not include at this time. This could increase convenience, relationship of employees receiving services from employer, and quality of care because staff and patients are a part of the system.

• The Section 1115 Medicaid Waiver will provide LACDHS with an opportunity to enroll Seniors and Persons with Disabilities (SPDs) into managed care through a new partnership with L.A. Care Health Plan. There are an estimated 31,300 SPD patients receiving a significant amount of care through LACDHS and its PPP partners.

**CONCLUSION**

In reviewing the LA Health Collaborative participatory recommendations on implementing ACA, opportunities and challenges exist for the Los Angeles County health care safety net. LACDHS has begun to reconfigure its delivery network and develop new managed care partnerships. California’s Section 1115 Medicaid Waiver infuses critical federal support into counties and the state at a time when both face significant budget shortfalls. These results are informed by public and private stakeholder viewpoints, which should inform planning efforts to prepare for the post-ACA world whether the safety net transforms to become a provider of choice or some alternate shared vision.
APPENDIX A

Volunteers and Participating Organizations

LAHA would like to thank the facilitators and scribes for their contributions to this effort: Hayley Buchbinder and Karen Swanson of the Los Angeles County Department of Health Services; Ezequiel de la Torre, Bonnie Mims-Greene and Michael Shannon of Los Angeles Unified School District; Jessica Jew and Virginia Richman of Los Angeles County Department of Health Services; and Luisa Miranda of Community Partners.

Regarding the participatory session results, approximately 40 people from the following stakeholder organizations offered their perspective in the discussion groups and during the comment period:

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