DIALOGUES WITH DR. KATZ:

KEY RESULTS AND RECOMMENDATIONS

December 2011

I. Introduction

The federal passage of the Patient Protection and Affordable Care Act (ACA) in 2010 presents challenges and opportunities to public health systems like the Los Angeles County Department of Health Services (LADHS). ACA's major provisions expand and reform health insurance, redesign health delivery, and reform payment. California and its counties will have the chance to enroll new populations into Medi-Cal, create a new benefit package that includes mental health and substance abuse, and reform the way it pays providers to incentivize improved patient outcomes and control costs.

Dr. Mitchell Katz joined LADHS as its new Director in January 2011 during a critical juncture in preparing for implementation of ACA's major provisions. Soon after arriving, Dr. Katz released a strategic plan in April 2011 to serve as a roadmap for LADHS' transformation over the next three years[1]; he expressed interest in meeting with LADHS and Community Partner (CP) clinic patients to solicit input about care delivery and to inform the evolution of the department's coverage expansion program, Healthy Way LA (HWLA), under the recent Section 1115 Medicaid waiver renewal.

Community Health Councils (CHC) and LA Health Action (LAHA) partnered with local agencies to organize a series of forums in spring of 2011 to encourage dialogue about the upcoming changes and to create an ongoing opportunity for patient interaction. This report provides background information on HWLA, the methodology used in organizing the forums, a summary of patient discussions, and recommendations from LADHS patients and community stakeholders.

II. Purpose

Under the full implementation of ACA, the LA public safety-net system will face extraordinary changes that will give its traditional patient base choices to select providers. LADHS requires significant improvements to remain viable among private and non-profit competitors, as demonstrated by past experience with shifts in public health coverage that have offered patients greater choice. For example, with the advent of mandatory Medi-Cal managed care for women and children in the mid-1990s, the percentage of live births in LA County occurring in LADHS facilities dropped from 18% to 2%, as women chose to seek care from private providers.[2] Combined with other factors, this change resulted in a substantial decline of paying patients, resulting in persistent annual budget shortfalls for LADHS.[3]

Currently, 70% of patients seen by LADHS and its contracted community clinic network (Community Partners or CPs[4]) are uninsured.[5] Of these individuals, about half will become eligible for Med-Cal in 2014, and nearly all will be assigned to managed care plans.[6] Recent survey results on health care preferences of low-income Californians suggest that the health care safety-net should move towards providing more patient-centered, responsive services in order to compete in an environment with significantly increased consumer choice. In particular, LA County residents are more negative about their current care as compared to the rest of California, suggesting lower expectations of health care

[1] Katz M, *Department of Health Services Strategic Plan,* Memorandum to Board of Supervisors, April 4, 2011.
[2] LADHS, *Ensuring the Long-Term Financial Sustainability of the Los Angeles County Department of Health Services: Strategic Implications of the Patient Protection and Affordable Care Act,* August 15, 2011.
[3] Tranquada R, Vera Y, Gupta N and Quinn H, *Sick System: A 10-Year Look at the Los Angeles Health Care System and Its Current State of Health*, LA Health Action, November 2005.
[4] Community Partners refers to the former Public Private Partnership program started under the 1995 L.A. Section 1115 Medicaid waiver.
[5] LADHS, *Ensuring the Long-Term Financial Sustainability of the Los Angeles County Department of Health Services: Strategic Implications of the Patient Protection and Affordable Care Act,* August 15, 2011.
[6] Ibid.

facilities.[7] System redesign must elevate the importance of and access to primary care, prevention and community health.

In recognition of the post-reform realities, LADHS has been transforming its system to become a provider of choice in order to attract patients, streamline care and ensure long-term financial survival. When full ACA implementation occurs in 2014, LADHS projects serving 550,000 patients.[8] In particular, LADHS is focusing on maximizing enrollment in its program that will lead to the Medicaid coverage expansion, Healthy Way LA (HWLA), and taking steps to retain members.[9] In addition, LADHS is determining how it may provide more patient-centered services and developing a separate strategic plan on improving the patient experience within its ambulatory care network.[10] More detailed information on HWLA since its inception is provided in the next section.

III. About Healthy Way LA

LADHS' Healthy Way LA (HWLA) program was initiated through the Health Care Coverage Initiative (CI), a component of the state's 2005 Medicaid 1115 hospital financing waiver. In 2007, the California Department of Health Services awarded CIs to ten counties to expand access to care for uninsured adults. As a result of its successful application, LADHS was allocated a maximum of $54 million annually to implement HWLA in the last three years of the waiver.[11]

Through HWLA, LADHS proposed to serve a target population of 94,000 patients using services in an episodic manner and shift them to a more coordinated system of care. Eligibility criteria included existing patients of LADHS directly-operated health centers or CP clinics, ages 19-64, ineligible for other coverage, incomes at or below 133 1/3% FPL, and one of the following categories:

- Diagnosed with selected chronic conditions (diabetes, hypertension, congestive heart failure, asthma/COPD, dyslipidemia)
- Nearing Medicare-eligible age (63-64 years)
- Received at least two primary care visits in the past year[12]

LADHS provided HWLA enrollees with a medical home through an assigned primary care provider and an enhanced set of benefits delivered by its outpatient service network. These benefits included a member services department, a 24/7 nurse advice line, automated appointment reminders, stratification of chronic disease patients to place them in appropriate care, case management services for high-risk patients, and greater emphasis on preventive care.[13]

HWLA achieved two-thirds of proposed enrollment through June 30, 2011[14] due to slow program initiation and the federal passage of the Deficit Reduction Act of 2005 (DRA). The DRA, which included a mandate requiring U.S. citizens covered by Medicaid to prove their citizenship or else lose coverage[15], was interpreted to apply to the CIs.

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[7] Langer Research Associates, *On the Cusp of Change the Healthcare Preferences of Low-Income Californians*, Blue Shield of California Foundation, June 2011.

[8] Gorman A, *L.A. County Expands No-Cost Healthcare*, Los Angeles Times, October 6, 2011.

[9] LADHS, *Ensuring the Long-Term Financial Sustainability of the Los Angeles County Department of Health Services: Strategic Implications of the Patient Protection and Affordable Care Act,* August 15, 2011.

[10] LADHS, *Los Angeles County Department of Health Services Strategic Plan Update*, August 15, 2011.

[11] Dyer I, *Coverage Initiative Project: Healthy Way LA*, Presentation made at LA Health Collaborative Meeting, April 26, 2007.

[12] Ibid.

[13] Ibid.

[14] Katz M, *Status Report on Healthy Way Los Angeles Enrollment and the Community Clinic Expansion Program*, Memorandum to the Board of Supervisors, November 14, 2011.

[15] Center on Budget and Policy Priorities, *The New Medicaid Citizenship Documentation Requirement: A Brief Overview*, September 28, 2006.

The negotiation of the five-year extension to the 2005 waiver occurred in the context of federal health reform discussions and ACA's passage in March 2010. California DHCS reached an agreement with CMS on the waiver entitled "California's Bridge to Health Reform" effective November 2, 2010. Among other things, the 2010 waiver builds upon the CI through the Low Income Health Program (LIHP), which provides counties an opportunity to expand coverage to uninsured adults and develop organized systems of care.

One component of the LIHP is the Medicaid Coverage Expansion (MCE).[16] Under the MCE, counties must provide a minimum core set of benefits and meet geographic and timeliness standards for accessing care, which is intended to move them towards managed care readiness. These benefits include physician care, inpatient and emergency services, mental health, prescription drugs and equipment, laboratory and x-ray, therapies and devices, podiatry and prior authorized non-emergency transportation. Because of the county's size and gaps in LADHS service coverage, LA County must contract with private hospitals for inpatient care or provide transportation services in three geographic areas (Antelope Valley, San Gabriel Valley and West L.A.).[17] Additionally, county LIHPs are not required to provide dental, vision and substance abuse coverage, none of which HWLA offers.[18]

Individuals enrolled in the MCE will become eligible for Medicaid once full ACA implementation occurs in 2014, when states will receive 100% of the federal matching rate.[19] The MCE does not have a limit on federal matching funds available because ACA allows states to elect an early adoption of the Medicaid expansion at their current matching rate.[20] As a result, LADHS decided not to cap HWLA enrollment and to set MCE eligibility up to 133% FPL. However, LA County must identify local eligible funds (Certified Public Expenditures) to draw down federal matching dollars, which may be a challenge given the county's structural budget deficit and increased county costs due to new MCE requirements.

LADHS implemented HWLA under the MCE starting July 1, 2011 and initiated an aggressive 4-month enrollment campaign (Operation Full Enrollment) targeting existing patients.[21] HWLA increased its membership by 60 percent to close to 100,000 adults.[22] The CP clinics have experienced significant backlogs in having applications approved by LADHS due to the DRA verification requirements, the number of required documents that must be scanned, and the current paper-based enrollment system (WebSphere). However, this should be streamlined in mid-2012 when the county system used for processing adult Medi-Cal enrollment (LEADER/YourBenefitsNow) that performs data matching for DRA verification will be implemented for HWLA.[23]

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[16] A second component of LIHP is the Health Care Coverage Initiative (HCCI), which provides coverage to adults 133% to 200% FPL for a more limited scope of core benefits than the MCE. LADHS has elected to enroll patients through the MCE during the first two years of the waiver. See LADHS, *Low Income Health Plan Application*, February 9, 2011, accessed at www.lahealthaction.org. Unlike the MCE, the HCCI has a maximum limit on federal matching funds available. For more information, refer to Artiga S and Schneider A, *California's "Bridge to Reform" Medicaid Demonstration Waiver*, Kaiser Commission on Medicaid and the Uninsured, June 2011.

[17] Center for Medicare and Medicaid Services, California Department of Health Care Services Bridge to Reform Demonstration, 11-W-00193/9 Special Terms and Conditions. §72. November 10, 2010.

[18] Katz M, *Status Report on the Proposed Plan to Implement the 1115 Medicaid Waiver Initiative*, Memorandum from LADHS to the Board of Supervisors, April 6, 2011.

[19] States will receive 100% FMAP for Medically Indigent Adults starting on January 1, 2014, which will decrease to 90% FMAP by 2020.

[20] California is providing coverage under Section 1115 waiver authority because certain aspects of MCE do not meet the requirements for the new Medicaid adult coverage option under ACA, such as enrollment caps and less restrictive requirements on timelessness and geographic access. For more information, refer to Artiga S and Schneider A, *California's "Bridge to Reform" Medicaid Demonstration Waiver*, Kaiser Commission on Medicaid and the Uninsured, June 2011.

[21] HWLA beneficiaries enrolled under the 2005 waiver's CI were grandfathered into the MCE by July 1, 2010.

[22] Katz M, *Status Report on Healthy Way Los Angeles Enrollment and the Community Clinic Expansion Program*, Memorandum from LADHS to the Board of Supervisors, November 14, 2011.

[23] Personal communication with Shari Doi and Dr. James Gerson of LADHS, October 10, 2011.

As a result of changes to HWLA under the LIHP, LA County renamed the former Public Private Partnership (PPP) program to HWLA Unmatched in June 2011. Under the 10-year LA 1115 waiver, LADHS funded a network of more than 100 sites operated by community clinics through the PPP program starting in 1996. These clinics, in partnership with the LADHS system of hospitals and health centers, provided health care services to low-income insured and uninsured populations.[24] Eligibility criteria included being 19-64 years, residing in LA County, having income at or below 133 1/3% FPL or receiving General Relief, and being ineligible for Medi-Cal or other public health coverage programs.[25] Many clinics closed to new patient enrollment because of the fixed number of contracted visits and high demand for services due to the level of unmet need.

Building on the PPP program, HWLA Unmatched expanded eligibility to all ages and required disqualification for HWLA in addition to Medi-Cal and other public health coverage programs.[26] LADHS funded HWLA Unmatched at the same level ($54.5 million annually) as the PPP program through December 31, 2013.[27] The CP clinics have been moving their existing patients who meet the new eligibility criteria from HWLA Unmatched to HWLA because of the financial incentive that the MCE provides through higher reimbursement rates. Therefore, the HWLA coverage expansion under the MCE should create available slots for CPs to accept new patients that meet HWLA Unmatched's eligibility requirements.

IV. Methodology

In May and June 2011, CHC and LAHA partnered with LADHS to host dialogues with patients served by its system and the new director Dr. Mitchell Katz. The impetus for these events came from both Dr. Katz and LADHS users. Dr. Katz had originally expressed his interest in meeting with patients soon after starting at LADHS at the beginning of the year. Additionally, CHC had learned through their work in the community that many LADHS patients desire to better understand and seek improvements to the county health system, but are often unsure of how to act upon this desire or what opportunities are available to them.

The dialogue events were held in three distinct geographic areas in LA County to ensure a range of patient participation and capture diverse regional perspectives. All three events were held in collaboration with LADHS and county government, local community-based organizations and safety-net providers that assisted with patient recruitment, securing facilities and meeting space, agenda development, and supplying dialogue facilitators and scribes, as summarized below:

- The South LA event was held on May 18th at the Martin Luther King, Jr. Multi-Service Ambulatory Care Center in collaboration with the Southside Coalition of Community Health Centers and the Office of Supervisor Mark Ridley-Thomas.

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[24] Tranquada R, Vera Y, Gupta N and Quinn H, *Sick System: A 10-Year Look at the Los Angeles Health Care System and Its Current State of Health*, LA Health Action, November 2005.

[25] LADHS, *The Community Partners Program*, accessed at http://www.ladhs.org/wps/portal/!ut/p/c1/04_SB8K8xLLM9MSSzPy8xBz9CP0os_hAFz8jl2AXYwN3F2dTAyMXLz9397BgIwN3Q6B8pFm8n79RqJuJp6GhhZmroYGRmYeJk0-YJ1C1MQHd4SD78OsHyRvgAI4G-n4e-bmp-pH6UeY47TE00Q_RL8iNMMgyiVQEAKNv2Qk!/dl2/d1/L0lDU0lKSmdvS1VRIS9JSFNBQ0lpTXlDb3FiRURBSUEhIS9ZQTQ1NDUwLTVGMHN0eWp3LzdfUUROMkRTRDMwR0RDNTAyREpOR0dWUzIwMTQvR1FpNU03OTI0MDA0OS9iZl9hY3Rpb24vd2hhdGlzcHBw/.

[26] Ibid.

[27] Katz M, *Healthy Way LA Community Partner Agreements for the 1115 Waiver's Low Income Health Program in L.A.*, Memorandum from LADHS to the Board of Supervisors, June 7, 2011.

- The East LA event was held on May 25th at Roybal Comprehensive Health Center in collaboration with local community health centers and the Office of Supervisor Gloria Molina.
- The San Fernando Valley event was held on June 14th at Neighborhood Legal Services in collaboration with the Valley Care Community Consortium and the Office of Supervisor Zev Yaroslavsky.

LAHA developed flyers in Spanish and English, which were distributed to various coalitions, partner networks, community clinics, and DHS facilities for patient recruitment. Patients who were users of county clinics and hospitals, non-profit hospitals, and community health centers were recruited. Attendees were not asked to specify if their primary source of care was the county system or the private safety-net facilities. In order to encourage and support participation, limited transportation, interpretation, on-site childcare, and dinner and refreshments were provided. Simultaneous interpretation services were provided with assistance from L.A. Care Health Plan and CHC, and LADHS staff bilingual in English and Spanish provided assistance with the facilitation. A guide was provided to help facilitators understand the purpose of the events, engender discussion, and encourage patient participation with a series of guided questions, though facilitators were also encouraged to allow the conversation to flow organically as dictated by the patients. Sponsorship to cover meeting expenses was provided by L.A. Care Health Plan.

Approximately 65 patients participated in the three “Dialogues with Dr. Katz,” where they received general information on proposed changes to LADHS services under federal health reform and HWLA, and subsequently were encouraged to discuss their thoughts and feedback on how to improve the safety-net system. At each event, Dr. Katz began the agenda by providing a brief overview on the new HWLA program in the context of the 1115 waiver and federal health reform implementation. Patients then had an opportunity to directly ask questions of Dr. Katz and leadership from LADHS in attendance. After the question and answer session, patients formed dialogue circles of no more than 15 participants in addition to a facilitator, scribe, and an interpreter for Spanish-speaking groups. For approximately 60 to 90 minutes, the discussion groups provided initial reactions to Dr. Katz’s presentation, what the HWLA program means to them, opinions on HWLA and safety-net services, and problems experienced in receiving health care. Patients were also asked to delineate their concerns and provide recommendations on how to improve the system. One of the groups in the San Fernando Valley event consisted of providers, where discussion themes included interfaces with the LADHS system (especially specialty care, dental coverage, and vision coverage), mental health and substance abuse services and referrals, children’s coverage and services, LADHS medical home pilots, and various other issues. Notes were collected from the scribes at the end of the discussion period.

To conclude each event, the discussion groups were asked to briefly report back to the broader audience, and every participant was requested to complete an evaluation form. Responses were overwhelmingly positive; participants expressed appreciation for the opportunity to directly speak with LADHS staff, the interpretation provided at the events, and being asked to voice their opinion. Several participants suggested having additional or similar opportunities to speak with staff, share their concerns and experiences, and learn about changes to LADHS services.

V. Results

Responses and feedback from LADHS patients spanned a broad range of topics and concerns. Though originally intended to garner consumer perspective on the upcoming HWLA program, many of the attendees focused on current problems and difficulties with care received in the existing system.

Attendees from all three sites highlighted several shared concerns but also featured themes and strengths specific to each region.

Strengths of the Safety-Net System

In addition, a number of strengths emerged from the focus group discussions which varied by region. Although some patients articulated a need for more education and information, several participants in the South LA dialogue groups had favorable reactions to the upcoming HWLA program as presented by Dr. Katz. In particular, they liked being able to receive care at no cost, the 19-64 years old age range for eligibility, and that HWLA would provide regular care and health education to help manage chronic diseases such as diabetes. Patients also liked hearing about the timely access standards under which they would be able to see a primary care physician within 30 days and a specialist within 45 days. South LA patients expressed satisfaction with the availability of services such as transportation, substance abuse, mental health, and other social services. Patients also confirmed that many clinics were at convenient locations, and that free or low-cost transportation options were helpful in receiving care.

Upon receiving more information on the upcoming HWLA program, East LA patients conveyed support for the program but articulated the need for practical solutions. For example, patients acknowledged that there was a lack of funding and limited providers at facilities, and expressed support and understanding for the providers that did care for them. Several patients praised the quality of care received from an LADHS site once they were able to be seen. One patient stated that they had noticed an improvement in personal attention and treatment from administrative (front office) staff and hoped this would continue. Other East LA patients had no complaints about their providers and were content with the care they received.

Several patients in the San Fernando Valley focus group were content with the availability of same day appointments and ability to schedule follow-up appointments while at the clinic. One patient especially liked that the clinic assigned a nurse to every patient, such that the patient was seen by the same provider on a regular basis. Other patients from the San Fernando Valley focus group appreciated that their clinic made the effort of engaging patients and providing education by coordinating meetings for patient feedback and hosting patient groups for health education. Other patients from the San Fernando Valley focus groups had no complaints about their providers and were content with the care they received. Finally, one of the participants in the provider focus group was optimistic about recent initiatives to combat childhood obesity, the growing utilization of disease management registries, and the increasing availability of tele-health to facilitate specialty services such as tele-dermatology.

It should be noted that services seemed to vary by location and facility, and patients did not distinguish between services received at a LADHS facility with those provided at a CP non-profit community clinic. At all three dialogue events, participants were highly appreciative of having the opportunity to converse with LADHS leadership and staff.

Common Themes

There were several common themes highlighted at all three dialogues. Most of these common themes related to problems with the **capacity of the safety-net system**. The most frequently cited concerns were around **long waits times to make and reschedule appointments**, as well as **long wait times in reception** after patients had arrived for their appointments with **no explanation given**. Several patients reported having been put on hold for long periods of time when calling to schedule appointments, while others reported unanswered phone calls, unreturned phone calls, and other telephone system barriers. Other patients reported having appointments scheduled so far into the future that there was a higher

likelihood of them not being able to make the appointment or having to reschedule due to unforeseen scheduling conflicts or forgetfulness. One patient reported having to wait a lengthy period of time between visits, stating that a requested follow-up visit had to be scheduled a month later. Other patients had similar concerns, but acknowledged the lack of providers and the depth of need in the community. Another patient stated that there was not enough time spent with the doctor during appointments. Several participants articulated the need for **more primary care doctors**, but also conveyed frustration with accessing **specialty care, specifically ophthalmology, neurology, podiatry, orthopedics, gynecology and ENT**. Patients at all three sites requested **more health education**, with specific mentions of the following: more education on chronic illnesses, managing and taking prescriptions, follow-up information after care or diagnosis (including labwork and results), prevention and wellness classes, exercise classes, and the use of promotoras.

Themes that were discussed at two of the regional sites included the need to improve **customer service**, expand same-day appointments and the need for dental and vision care. Patients at the South and East LA dialogues noted a need for better customer service trainings and improved approachability by staff, particularly in the front office or reception areas. Patients reported feeling a lack of compassion and respect, unfriendly attitudes, and general unhappiness with their experience in making appointments and asking questions through administrative staff. Some patients articulated that they are in need of care and in pain when coming to facilities, and that administrative staff should be more understanding of the situation.

Patients at both the East LA and San Fernando Valley dialogues asked about the possibility of having **same-day appointments**. Participants emphasized the difficulty in getting care for immediate concerns. Many patients experienced waiting in long lines outside of the clinic prior to hours of operation in the hopes that they could receive a same-day appointment. Those who were turned away reported having to come back the next day to repeat the routine. Other patients requested **next-day follow up visits**, rather than having to wait a lengthier period. The provider group from the San Fernando Valley dialogues noted that there are same-day appointments available, but that these slots often get filled by 7:30 AM, and that the need greatly overwhelms the number of available appointments.

Patients at both South LA and San Fernando Valley dialogues mentioned the need for **more dental and vision care services**. Participants were concerned that they could no longer receive vision or dental care through Medi-Cal, and asked about other options. A few patients reported having Medi-Cal but having to pay high costs for dental services. Other patients echoed this and stated that more information and education on where to receive free and low-cost dental and vision services were needed. One South LA participant reported having received vision care but then could not afford prescription eyeglasses. Some patients stated that they were willing to pay some co-pays for dental and vision services if they were offered through the HWLA program.

Additionally, each dialogue site had a number of specific issues that were raised by the participants. These issues included:

- inadequate bilingual staff and translated materials or forms (South LA);
- inadequate information on or lack of a patient complaint process (South LA);
- limited services available for undocumented children (San Fernando Valley); and
- lack of mental health and substance abuse services (San Fernando Valley).

A compilation of specific patient feedback and comments is contained in Appendix 1.

VI. Recommendations

Many of the issues and concerns raised by participants as well as stakeholder organizations speak to the limited capacity of the safety-net system to serve the population in need. Difficulties in getting appointments, limited time with providers, and to a certain extent, language barriers are all indications of insufficient resources. While LADHS' current transformations and initiatives do not directly expand capacity, they do hope to achieve efficiencies in care and costs of care that can result in better access to care for patients. We are happy to see that some of these recommendations are included in LADHS' strategic plan "Ensuring the Long-Term Financial Sustainability of the Los Angeles County Department of Health Services," and offer our suggestions as a reiteration of patients' current experiences as well as a possible exercise in prioritizing strategic goals. Additionally, recommendations not included in LADHS' strategic plan were gathered and developed by patients during the events and by stakeholder organizations afterwards when analyzing the notes and evaluation of the events.

Patient Recommendations

1. *Improve appointment systems and processes for ease and reliability.* An overwhelming majority of patients expressed great difficulty in making appointments to see a care provider. Difficulties were both technological (i.e., erratic telephone systems) and personnel-based (i.e., unhelpful staff). Patients also suggested the option of making appointments through emails or online appointment systems, though other patients who did not have ready access to computers and the Internet also requested keeping more traditional paper- and mail-based methods. LADHS should reassess all appointment systems and processes in each facility, and identify means to streamline and improve the patient experience.

2. *Offer same-day appointments for walk-in and urgent care patients, as well as next-day follow-up appointments.* While this may be difficult given LADHS budgetary restrictions, many patients asked about the possibility of scheduling same-day appointments, particularly for immediate care issues. Patients also asked about next-day follow-up care, rather than having to wait several months for another appointment. Providers have explained that the missed appointment rate can be high, resulting in a double- or triple-booking of appointment slots and contributing to long wait times. We ask LADHS to examine current appointment processes and methods with the goal of improving both kept appointments as well as expanding capacity for same-day care.

3. *Offer more provider time and health education dedicated to specific patient concerns and diagnoses.* Patients, particularly those suffering from chronic illnesses, reported wanting more education and provider time spent on questions and concerns pertaining to patient conditions and diagnoses. Many patients stated that they had questions regarding their visit, their health status, or their condition which went unanswered due to a lack of information or provider education. Increasing care time spent on answering and calming patient concerns is critical to functioning as patient-centered medical homes as well as helping to retain these patients once their choice in providers is expanded.

4. *Customer service training for front office staff.* Numerous patients complained of poor treatment when interacting with administrative or reception staff. The positive experiences that a patient will have in using LADHS facilities and providers are closely tied to their encounters in the waiting rooms and when making appointments or obtaining information from administrative staff. Patients at two different sites noted the need to improve customer service at facilities. All LADHS staff should be trained on handling patients and patient care with helpfulness, respect, cultural competency, and

empathy. Customer service should be reflected in any annual evaluations of LADHS staff, and internal standards of professional practices and attitudes adopted.

5. *Incorporate other services such as health education, prevention and wellness classes, vision, dental and substance abuse into the health home.* Patients from all three dialogues mentioned that they would like to receive a range of services in the ambulatory care setting. Recent survey findings suggest that low-income LA County residents may value a health home approach with various services offered under one roof.[28] Offering classes to manage chronic conditions and expanding HWLA benefits to include vision, dental, and substance abuse may attract and retain patients within the LADHS system.

Patient and Stakeholder Recommendations

6. *Continue and formalize patient dialogue structures.* An overwhelming majority of patients expressed appreciation at being able to provide input and feedback about the care they received and their personal healthcare experiences. Offering patients a dedicated venue or forum during which they can participate and engage in improving and changing the healthcare delivery system is essential to becoming a true provider of choice rather than a provider of last resort. There are several non-profits and community stakeholders who would be willing to assist LADHS in organizing these structures; however, the chief responsibility for hosting these patient forums and adopting the ensuing recommendations would lie with LADHS.

7. *Publicize patient grievance procedures and informal patient complaint processes for all LADHS patients.* Very few patients seemed to be aware of LADHS' overall grievance and complaint processes; it is also unclear whether there are different processes at each LADHS facility. The HWLA manual clearly delineates a grievance process for patients. We recommend that LADHS adopt this same process for all LADHS patients, regardless of enrollment into HWLA, and embark on a county-wide education and promotion campaign such that patients are well-informed and educated on their rights.

VII. Conclusion

LADHS is embarking on a momentous transition from a traditional, fee-for-service system into an integrated, patient-centered, quality-driven care model that could result in marked improvements to health outcomes and racial and ethnic health disparities. The success of this transition, however, is intimately linked to LADHS' ability to retain and expand their patient population once the uninsured are offered a choice of providers. The comments and recommendations contained in this report can be a starting point for LADHS as the many initiatives are implemented and pursued. They offer initial yet compelling thoughts into what safety-net patients value and prioritize when seeking care, and should be used by LADHS as a roadmap to systems improvement. Additionally, while these dialogues can serve as a first look at patient preferences and opportunities for improvement, the discussions and comments offered clearly point to deeper issues that should be examined in continuing conversations between patients and providers. We hope that this report is not an end, but rather a beginning, to a continued partnership between safety-net providers and the communities that they serve.

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[28] Langer Research Associates, *On the Cusp of Change the Healthcare Preferences of Low-Income Californians*, Blue Shield of California Foundation, June 2011.

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Neighborhood Legal Services of Los Angeles County

Southside Coalition of Community Health Centers

Valley Care Community Consortium

Appendix 1: Patient feedback and comments by focus group

Focus Group	Key Comments and Concerns						
	Customer Service	**Patient Education**	**Appointment Scheduling**	**Services**	**Workforce**	**Other Concerns**	**Strengths**
South LA Group 1	• Unreturned phone calls regarding enrollment • Lack of compassion and respect	• No follow-up care or information regarding lab work • No patient education on chronic disease	• Long wait times to make appointments • Long wait to reschedule appointments • Long wait to see specialists	• Need dental care • Need vision care		• Lost health records between lab and physician • Poor continuity of care as patient eligibility changes	• HWLA is no-cost • Patients can receive regular care and health education • Patients can see PCP in 30 days and specialist in 45 days
South LA Group 2	• Poor receptionist customer service	• Need help understanding services and medications covered by insurance • Unfamiliar with HWLA • Patient not aware of high glucose levels	• Difficulty changing appointments • Long wait to appointments	• Need affordable dental care • Patient did not receive referral • Need exercise classes • Clinics should provide transportation when needed	• Doctors have too many patients • Need more dentists	• Need a phone number for complaints	• Patient heard about HWLA at community clinic • Community clinic at a convenient location and provides transportation when needed • Availability of mental health and substance abuse services
South LA Group 3	• Need bilingual staff • Need to train staff in customer service	• Need more information on HWLA			• Need more specialists • Need more health promoters for patient outreach	• People who are not legal residents should be able to access the new programs • Need forms and materials translated into Spanish • Need to explain complaint process	
East LA Group 1	• Unanswered phone calls to make appointment • Poor receptionist customer service		• Long wait on phone to schedule appointments • Long wait to see a physician on the same day • Patients should be		• Need more receptionists; supervisors should look at number of calls received per receptionist	• Few patients have an assigned primary care physician	• Most did not have complaints about doctors or nurses • It is best for appointments to be sent by mail, not electronically

Focus Group	Key Comments and Concerns						
	Customer Service	Patient Education	Appointment Scheduling	Services	Workforce	Other Concerns	Strengths
East LA Group 1 (cont.)			able to make a follow-up appointment immediately after seeing a doctor • Allow patients to make appointments by email				
East LA Group 2	• Doctors are not accessible, do not pay attention to patients	• Patient not informed of diagnosis and thus was unable to take care of own health	• Long wait time to appointment		• Need more doctors • Providers should work like a team, so that patients can see a nurse or CNA (e.g. for certain prescription refills)	• Patient received the wrong medications	
San Fernando Valley Group 1	• Lack of communication about why some patients are seen sooner than others • Want better relationship with physician	• Need more time with doctor for patient education • Need information on where to access dental and vision care • Unfamiliar with HWLA and other options • Need information on how to enroll • Need more information on health reform	• Long wait to make appointment • Long wait for lab results • Long wait in facility, even with appointment • Too many appointments are booked	• Need dental services • Need vision care		• Need child care, especially when waiting so long for appointments	• Availability of same day appointments • Content with the care provided • Clinic has meetings for patient feedback • Clinic assigns a nurse to every patient so they have the same nurse each time • Follow-up appointments can be scheduled while at clinic
San Fernando Valley Group 2 (providers)	• Patients having trouble getting through telephone system, hanging up or being hung up on		• Long waits for specialty care • Poor telephone systems causing difficulty accessing same day clinics and urgent care • Need to expand same day clinic capacity • Need a	• High demand and limited capacity for specialty care • E-consults will help moderate demand and could play a greater role • High demand for dental and vision care • Need coverage for dental services	• Limited capacity for medical home providers • Need cross-training of care teams • Incorporate promotoras, care coordinators and patient navigators into care team • Need more providers	• Insufficient reimbursement for mental health services • Need reimbursement for same-day mental health services • High co-payments for substance abuse services • Limited capacity for	• Availability of mental health and substance abuse services • Initiatives to combat childhood obesity • Utilization of disease management registries • Increasing availability of telehealth to facilitate specialty services such as tele-

Focus Group	Key Comments and Concerns						
	Customer Service	Patient Education	Appointment Scheduling	Services	Workforce	Other Concerns	Strengths
San Fernando Valley Group 2 (providers) (cont.)			centralized appointment system	• Need low-cost eye care • Seniors and people with disabilities have high demand for mental health	• Primary care providers should practice at the top of their license • Physician absenteeism causes clinics to be cancelled	undocumented children • Changes in eligibility leading to churning • Merging Healthy Families into Medi-Cal • Need a “common language” across LADHS computer systems • Allow clinics to handle follow-up appointments • Need county care coordinators to handle registries, physician timetables, case management	dermatology