

**Quality and Productivity Commission**  
**32<sup>nd</sup> Annual Productivity and Quality Awards Program**  
**"Innovating for Impact"**

**2018 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: ADDRESSING FOOD INSECURITY IN ADULT PRIMARY CARE**

**DATE OF IMPLEMENTATION/ADOPTION:** 03/01/2017

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No



**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The Los Angeles County + USC Medical Center Primary Care Adult Clinics, who have  
 2 over 40,000 unique empaneled patients, have partnered with the Department of Social  
 3 Work and the Department of Public Social Services (DPSS) to address food insecurity  
 4 in the primary care clinic. As part of a universal screening program to address social  
 5 determinants of health in our primary care patients, we have brought a DPSS eligibility  
 6 worker onto the primary care clinic team. We have also partnered with community  
 7 organizations, including The Wellness Center at LAC+USC to connect patients who  
 8 don't qualify for governmental programs to community resources. Thus far, 15% of  
 9 patients who have screened positive for food insecurity have been successfully enrolled  
 10 in CalFresh in our clinic and are already receiving benefits. An additional 17% are  
 11 pending eligibility screening and appointments with our DPSS worker in the clinic. The  
 12 remaining patients have been referred to The Wellness Center at LAC+USC and food  
 13 banks in their neighborhoods. Given that Medi-Cal eligibility overlaps with CalFresh  
 14 eligibility for about one-third of patients, bringing DPSS into primary care clinics brings  
 15 important services to eligible LA County residents where they already seek care.

**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> LAC+USC Primary Care 2010 Zonal Avenue, OPD 4p41 Los Angeles, California 90033		<b>TELEPHONE NUMBER</b> 323 409 7689
<b>PROGRAM MANAGER'S NAME</b> Barbara Rubino & Jagruti Shukla		<b>TELEPHONE NUMBER</b> 323 409 6349  <b>EMAIL</b> brubino@dhs.lacounty.gov
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Lisa Finkelstein 	<b>DATE</b> 7/2/2018	<b>TELEPHONE NUMBER</b> 213-288-8104  <b>EMAIL</b> lfinkelstein@dhs.lacounty.gov
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Christina R. Ghaly, M.D. 	<b>DATE</b> 7/2/2018	<b>TELEPHONE NUMBER</b> 213-288-8011

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**1<sup>st</sup> FACT SHEET – LIMITED UP TO 3 PAGES ONLY:** Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

**Challenge:**

According to public health data, over one-third of Los Angeles County residents meet criteria for food insecurity. As leaders in two of Los Angeles County's largest primary care clinics, we implemented a program which successfully addresses this social determinant of health by bringing social services workers into the clinic environment.

LAC+USC Primary Care Adult Clinics are two of the largest primary care clinics in LA County Department of Health Services and serve approximately 40,000 unique empaneled patients, the majority of whom are Medi-Cal insured. We know that our patients face tremendous chronic disease burden, which is only made worse by their life stressors and social factors, which contribute to poor health outcomes. It is critically important that these patients have access to healthy food and enough food to maintain a regular and predictable diet.

There are many government programs and community resources available to help address food insecurity throughout the county, but they have not been traditionally located within or directly linked to the primary care clinic setting. We want our medical clinics to be places where people can come to improve their overall health and wellbeing, and we know that longevity is more closely connected to social factors than to medical care (N Engl J Med 2007; 357:1221-1228). However, The Department of Public Social Services (DPSS), which can assist with CalFresh enrollment is located off-site, as are many food banks and community organizations who may distribute produce or deliver food to vulnerable individuals. This is a particular challenge for our patients who come from across the county to see us for their care.

**Solution:**

We have leveraged members of the primary care clinic staff to screen, refer, track and follow-up with all primary care patients who endorse food insecurity. Our medical assistants are now universally screening all patients who are seen in primary care for food insecurity (along with a variety of other social and behavioral health needs) since March of 2017. Patients who endorse food insecurity are offered referrals to The Wellness Center at LAC+USC (a non-profit organization which houses multiple community groups), food banks and our social services workers. From there, our clinic clerks track all positive screens and follow up on any referrals made.

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Working in close collaboration with our Social Work Department, our clerks are now trained to do a pre-screening questionnaire with all patients who endorse food insecurity. If patients are eligible, they are scheduled for a visit in our clinic with a DPSS Eligibility Worker who does on-site enrollment in CalFresh. Patients can walk out same-day with their CalFresh enrollment completed, and can access food for themselves and their families. Rather than being referred to the DPSS offices downtown, patients can complete the entire screening and enrollment process within the familiar space and team of their primary care clinic.

For those patients who do not qualify for CalFresh, we offer them a visit with our Social Worker or Medical Case Worker, who can assist them in locating community-based resources. These are team members who also see primary care patients with us, inside of the clinic walls. Additionally, we refer patients to the LAC+USC Wellness Center, which houses several community based organizations who can offer resources or community-based referrals around food insecurity.

Benefits:

CalFresh is a program that we know decreases food insecurity and benefits California residents and the state itself through federal reimbursement. Currently, we know that there is an underutilization of this program. Additionally, we know that a large portion (approximately one-third) of the Medi-Cal insured population is eligible for CalFresh. Primary care clinics within the LA County Department of Health Services serve 60-90% Medi-Cal enrolled patients. While the criteria for CalFresh and Medi-Cal are increasingly well-aligned, access to CalFresh enrollment services has improved among our patient population now with the co-location of services within the primary care clinic setting.

Outcomes:

Of our LAC+USC Primary Care adult clinic patients who have screened positive for food insecurity, we have successfully been able to enroll 14% in CalFresh in the clinic. An additional 17% are going through the pre-screening process and pending appointments with our DPSS team member. This aligns with estimates that one-third of Medi-Cal patients are eligible for CalFresh.

Additionally, when compared with efforts to enroll patients in CalFresh who have been hospitalized or are in the emergency department, we note approximately four times the successful enrollment rate. This is because our patients are already accustomed to returning to see us by appointment, and receive clerical support from our primary care teams to make their CalFresh appointments, just as they would with any other medical team member.

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

The integration of Department of Public Social Services team members with Department of Health Services clinic teams achieves the County mission of establishing a superior way of delivering care to our population through cross-sector collaboration. Within the County's Strategic Goal to "make investments and transform lives" the integration of these two services represent a "comprehensive and seamless" model of service delivery to a population (Medi-Cal covered residents) who is often eligible for and not receiving appropriate public services in the form of CalFresh.

Additionally, in order to achieve the County's Goal to "foster vibrant and healthy communities," we are charged with "Promoting Active and Healthy Lifestyles" and connecting underserved populations to access to healthy food. By bringing potentially eligible patients who are already being seen in our primary care clinics to services such as CalFresh, we are providing them access to healthy food.

Linking Primary Care and DPSS/CalFresh services is a spreadable and sustainable model which not only benefits residents of the county, but benefits the county itself because of potential reimbursement and revenue through CalFresh. Since we know that approximately one-third of the Medi-Cal eligible patients are also eligible for CalFresh, by focusing our efforts to enroll in CalFresh from within the Medi-Cal eligible population, we have targeted this essential resource at a high-yield location for successful enrollment and follow through.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

Our model of linking Primary Care and DPSS/CalFresh services is both spreadable and sustainable. This linkage not only benefits residents of the county, but benefits the county itself because of potential reimbursement and revenue through CalFresh. By focusing CalFresh enrollment in a location which has a predominantly Medi-Cal eligible population, and knowing that one-third of the MediCal population will qualify for CalFresh, we have targeted this resource at a high-yield location for successful enrollment and follow through.

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\$	\$	\$	\$	X

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**FOR COLLABORATING DEPARTMENTS ONLY**

*(For single department submissions, do not include this page)*

**DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS**

LAC+USC DEPARTMENT OF SOCIAL WORK

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

Laura Sarff

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

Lawrence Schneider

EMAIL: \_\_\_\_\_

**DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS**

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS**

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS**

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS**

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS**

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_

**DEPARTMENT HEAD'S NAME AND SIGNATURE**

EMAIL: \_\_\_\_\_