

Quality and Productivity Commission
33rd Annual Productivity and Quality Awards Program
“Empowering Innovative Solutions”

2019 APPLICATION

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

NAME OF PROJECT: PRIME – CARE IMPROVEMENT AND REVENUE CAPTURE

DATE OF IMPLEMENTATION/ADOPTION: MAY 1ST, 2016

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2018)

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.

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In the Medi-Cal 2020 Waiver, the Centers for Medicare and Medicaid Services (CMS), required the Los Angeles County Department of Health Services (DHS) to show improvement in over 70 distinct clinical measures. At risk is over 1 Billion dollars in critical DHS revenue over a 5-year program period.

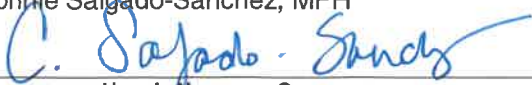
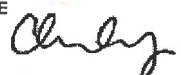
Not only has DHS captured more than 99% of available PRIME program funds to date (totaling over \$660 Million), it has improved patient care in dozens of high impact areas including cancer screening, use of antibiotics, obstetrics, behavioral health, influenza immunization, pediatric obesity, palliative care, high cost medications and the care of patients after incarceration. The structure of PRIME has ensured that these are not one-time improvements, but progress is attained each and every year.

Success in PRIME has been a DHS-wide effort – involving teams of providers, nurses, data analysts from the front-line clinics to the executive offices.

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
\$	\$	\$ 221,750,000	\$ 221,750,000	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Los Angeles County Department of Health Services 313 N. FIGUEROA ST. SUITE 909B LOS ANGELES, CA 90012		TELEPHONE NUMBER 213-288-8353
PROGRAM MANAGER'S NAME Paul Giboney, MD		TELEPHONE NUMBER 213-288-8353 EMAIL pgiboney@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Connie Salgado-Sanchez, MPH 	DATE 6-18-19	TELEPHONE NUMBER 213-288-8483 EMAIL COSanchez@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina Ghaly, MD 	DATE 6-18-19	TELEPHONE NUMBER 213-288-8021

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1st 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.

The United States government, through the Centers for Medicare and Medicaid Services (CMS) is an important source of funding for public health systems like the Los Angeles County Department of Health Services (DHS). In recent years, a significant amount of this funding has been placed within the structure of what is called the “Medi-Cal 2020 Waiver” - specifically in a program referred to as “PRIME”. CMS has placed over 1 Billion dollars of DHS revenue into the five years of PRIME. PRIME revenue is earned based on each year’s performance. This revenue is critical in ensuring DHS ability to fulfill its mission to the patients it serves. In the first three years of the PRIME program, DHS has successfully captured over 99% of available PRIME revenue. This amounts to over \$660,000,000.

The PRIME program is both meaningful and rigorous. Over 70 distinct clinical measures are individually tied to revenue. If DHS achieves the performance target for a given measure, it captures those funds. However, the money is also placed at risk as funds are lost if a measure’s target is not achieved. The only way to regain lost funds is by significantly “overperforming” the targets on other PRIME measures. In addition, the structure of PRIME is made even more challenging in that, each year of the program requires improvement over the prior year’s performance or the funds for that measure are lost. Once a measure has reached the 90th percentile nationally, it must remain above this high-performance benchmark or funds are lost.

The 70 PRIME projects encompass a large cross-section of the care we deliver to our patient and a number of the measures lead to high-impact health outcomes. For example, from the first PRIME year to the third, DHS providers improved the percentage of patients with controlled blood pressure from 63% to 73%. Studies have shown that uncontrolled blood pressure is associated with a host of health problems including stroke, heart attacks, kidney disease and retinal damage. In controlling blood pressure more effectively, our patients will have better outcomes. In PRIME, we are also screening more patients than ever for cancer. Over three years, we have improved screening rates for three cancers (breast, cervical and colon) by an aggregate of 12.5%. In real numbers, this translates to more than 12,000 additional patients receiving cancer screening. Screening leads to catching and curing cancers before they are too advanced.

There are many other successes. We have more than doubled our percentage of patients receiving flu shots, we have improved breast feeding, decreased

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cesarean section rates and reduced inappropriate prescribing of antibiotics by 50%. In the behavioral health realm, we have improved screening and intervention for tobacco use from 70% to over 90%. We have seen similar progress in our ability to screen for depression and provide appropriate follow up for patients who are depressed. We have shown progress in educating children and their parents about obesity and the importance of nutrition and exercise. We have also better managed patients receiving high-cost and/or high risk medications – with better compliance, monitoring and use of standardized protocols.

Palliative care is an important growth area for DHS. This specialty provides much needed services for patients with advanced illness and difficult to manage pain and complications. PRIME incentivizes palliative care and we have built multi-disciplinary palliative care teams at each of our acute care hospitals. Over three years, our capacity to provide such services to our patients has been expanded and the data shows that we have succeeded in embedding palliative care approaches across our system.

The improved clinical measures, patient outcomes and revenue obtained are key elements of the PRIME program. However, another impact of the DHS PRIME program is that it has placed DHS in the top percentile of health systems nationally who serve this population. DHS has exceeded the national 90thile in 13 measures. In these areas, such as breast and colon cancer screening, diabetes control, obstetric care, medication safety and antibiotic stewardship, our patients are getting care that, by widely accepted, objective measures, is in the top 10% in the nation. Indeed, with respect to innovative delivery of specialty care via technology, DHS performance in PRIME is best in the state of California.

We are exceedingly proud of the teams of medical providers, nurses, data experts and other leaders who have contributed to success in PRIME.

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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 Department of Health Service’s success in PRIME enables the County of Los Angeles to advance many of its strategic goals. With each year of improved PRIME-related performance, patients get better care and have the opportunities that wellness affords - including the pursuit of careers, the love of family and friends and the enjoyment of recreating in a place as varied and exciting as Los Angeles County.

One of Los Angeles County’s Strategic Goals is to “realize tomorrow’s government today – being innovative, flexible, effective and responsive”. The problems that PRIME measures address are indeed complicated and our patient’s lives are, at times, not easy. To be successful, we have had to think outside the box, to creatively use the resources we have in new and more effective ways. Each year, as the performance targets have increased, we have been challenged to ask ourselves hard questions about the impact of our efforts and where we can change for the better. We have re-evaluated approaches, talked to patients, strategized with staff and engaged our partners in the development and deployment of actionable solutions that have immediate impact.

Some critics may believe that county-run healthcare systems cannot be leaders in innovation, nor top performers compared to other providers across the nation. The Los Angeles County Department of Health Services has proven such critics wrong by thriving as a performance improvement leader in PRIME – in capture of critical financial revenue, but more importantly in delivering better care to the patients who are the centerpiece of our mission and our passion.

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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.

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PRIME program revenue 2017-2018 (estimated) = \$221,750,000

70 measures total:

65 measures at \$3.19 Million/each = \$207,350,000

5 measures at \$2.88 Million/each = \$14,400,000