

Quality and Productivity Commission
26th Annual Productivity and Quality Awards Program
"Investing in a Quality Future"

2012 APPLICATION

Title of Project (Limited to 50 characters, including spaces):

NAME OF PROJECT: E-MHUB SYSTEM CONNECTING DHS MEDICAL HUBS AND DCFS

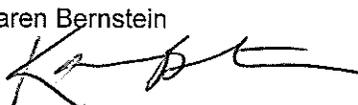
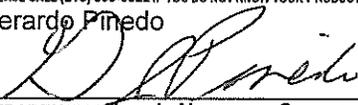
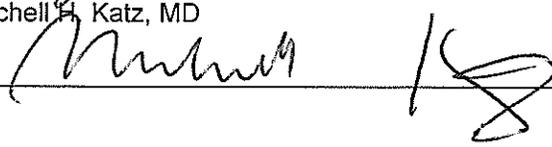
DATE OF IMPLEMENTATION/ADOPTION: FEBRUARY 2011
(Must have been implemented at least one year - on or before June 30, 2011)

PROJECT STATUS: Ongoing One-time only

DID YOU SUBMIT THIS PROJECT BEFORE? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

1 The Department of Health Services (DHS) operates 6 Medical Hub clinics that serve
 2 children referred by the Department of Children and Family Services (DCFS). Close
 3 collaboration between the DHS clinics and DCFS is essential to ensure that children's
 4 health care needs are coordinated. However, communication was cumbersome and
 5 paper-based processes often created delays in medical exam results reaching the
 6 currently assigned DCFS social worker. The E-mHub information system was custom-
 7 developed and implemented at the Medical Hub clinics to improve information sharing.
 8 The web-based system allows electronic submission of referrals from DCFS to the
 9 Medical Hubs, sending of automated appointment status alerts and medical exam
 10 results back to DCFS, view access for Public Health Nurses at DCFS regional offices,
 11 and sharing of records between the Medical Hub locations. E-mHub was implemented
 12 in February 2011 and has greatly improved continuity of care for children served,
 13 increased efficiency of Medical Hub operations, strengthened communications between
 14 the two departments, and improved coordination of services for these vulnerable
 15 children.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$ 0	X
SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Health Services 313 N Figueroa St. Los Angeles, CA 90012			TELEPHONE NUMBER 213-240-8101	
PROGRAM MANAGER'S NAME Karen Bernstein  6/29/12			TELEPHONE NUMBER 213-250-8644 EMAIL kbernstein@dhs.lacounty.gov	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Gerardo Pinedo  7-2-12			TELEPHONE NUMBER 213-240-7948 EMAIL gpinedo@dhs.lacounty.gov	
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell H. Katz, MD 			TELEPHONE NUMBER 213-240-8101	

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

CHALLENGE (suggest ½ to one page)

The Los Angeles County Medical Hub clinics were established in 2006 through a partnership between the Department of Health Services (DHS) and Department of Children and Family Services (DCFS) to provide high quality, coordinated medical care for children in the child welfare system. Children in foster care have significantly greater health problems than children in the general population, and in many cases, their health issues have gone previously undiagnosed or untreated. DHS operates 6 Medical Hubs, located at Harbor-UCLA Medical Center, High Desert Multi-Service Ambulatory Care Center (MACC), LAC+USC Medical Center, Martin Luther King, Jr. MACC, Olive View-UCLA Medical Center, and an LAC+USC satellite location at the former MacLaren Children's Center in El Monte. The clinics provide initial medical examinations, forensic evaluations, mental health screens, and ongoing medical care to children referred by DCFS. The Medical Hubs provide over 22,000 patient visits per year.

Close collaboration between the Medical Hubs and DCFS is essential to ensure that DCFS has a comprehensive picture of the child's health status and that needed health care services can be effectively coordinated. However, communication between DCFS and the Medical Hubs was cumbersome and relied heavily on faxing of information back and forth. DCFS Children's Social Workers (CSWs) faxed referral forms to the Medical Hubs, and when there were questions or problems, Medical Hub staff and CSWs often had delays in connecting since CSWs are frequently away from their desks. In addition, the Medical Hubs often spent time trying to contact the wrong CSW with questions or information, since they were frequently unaware when a case was transferred to a different CSW.

Once a child's clinic visit took place, the Medical Hub provider filled out required DCFS forms by hand with the results of the medical examination and recommendations for addressing the child's identified health needs, in addition to writing the same information in the child's medical record. The form was then faxed to the referring DCFS regional office, where clerical staff manually looked up the currently assigned social worker and Public Health Nurse, made copies and distributed the forms to the appropriate staff. This lengthy paper process often resulted in delays in DCFS social workers and Public Health Nurses receiving the information. The Medical Hubs were also unable to easily share information between the clinic sites themselves for treatment and care coordination of the child. Staff were often unaware when a child had been previously seen at another Medical Hub clinic and did not have access to those records.

SOLUTION (suggest ½ to one page)

The Enterprise-mHub (E-mHub) information system was developed to strengthen care coordination for children in the child welfare system, increase communication between DCFS and DHS, and facilitate the provision of quality medical care. DHS and DCFS collaborated on system development, with substantial coordination from the Chief Executive Office (CEO) and Chief Information Office (CIO) and guidance from County Counsel. The Internal Services Department (ISD) collaborates to host the web-based system.

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E-mHUB was built upon an existing, standalone system in operation at the LAC+USC Medical Hub and was custom designed by vendor Saga Technologies with extensive input from the DHS Medical Hub clinic staff and DCFS staff that would be using the system. The system was implemented in February 2011 and is used by approximately 120 staff at the DHS Medical Hubs and 125 Public Health Nurses at the DCFS regional offices. Key components include:

- Electronic referrals: DCFS CSWs submit referral forms electronically to the Medical Hubs, and the information auto-populates the patient record in E-mHub.
- Appointment status alerts to DCFS: Medical Hub staff schedule patient appointments in the system, and electronic notifications are sent to DCFS whenever an appointment is scheduled, changed, canceled, or the child no-shows for a scheduled visit. An automated algorithm at DCFS searches the DCFS data system for the currently assigned CSW and supervisor and sends them an email whenever a cancellation or no show occurs. Medical Hub staff can also return a referral electronically to DCFS, asking for clarification or additional information.
- Link to PDF of exam results returned to DCFS electronically: The system documents patient medical, forensic, and treatment information and generates the required DCFS forms for reporting medical examination and mental health screening results. E-mHub then sends an automated message to DCFS, and DCFS generates an email to the currently assigned CSW and supervisor with a secure link to PDF versions of the forms.
- DCFS Public Health Nurse access: Public Health Nurses located at the DCFS regional offices can log into the E-mHub system with view-only access to certain screens, allowing them to look up patient appointment information and medical exam results.
- Information sharing between Medical Hubs: For a referred patient, providers can view medical information from prior visits and scheduled appointments at other Medical Hubs.

This project is innovative in that it successfully overcame substantial barriers to care coordination and information sharing between County departments in order to better serve children. While the technology itself was relatively straightforward, the legal, regulatory and operational issues were myriad and complex. For example, federal and state regulations relating to the statewide child welfare data system used by DCFS greatly restricted direct access by DCFS staff to any outside data system, and the sharing of health information by DHS needed to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Medical Information Act, and other regulations. The involvement of CEO, CIO and County Counsel in every aspect of the planning – including the development of a detailed role-based access plan delineating which parts of the system each type of staff from each department could view or edit – was essential to the project's success.

BENEFITS (suggest 1 to 2 pages)

LINKAGE TO THE COUNTY STRATEGIC PLAN:

The E-mHub System supports County Strategic Plan Goal 3 - Integrated Service Delivery: Maximize opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community and public safety services.

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Since the E-mHub system was implemented in February 2011, care coordination and communication between DCFS and the DHS Medical Hubs has been greatly strengthened. Appointment status alerts, questions about referrals, and medical exam results are now transmitted automatically from the clinics to the correct DCFS CSW and other DCFS staff who contribute to a child's health care case management. With the electronic generation of forms in E-mHub, CSWs and PHNs at DCFS receive results more quickly and no longer need to decipher medical providers' handwritten notes on medical examination forms. PHNs at the DCFS regional offices are able to log into the system directly and view medical exam results and appointment information, resulting in quicker access to this information without the need for phone calls back and forth with Medical Hubs.

E-mHub has also resulted in better continuity of care and treatment and has increased efficiency at the Medical Hub clinics. If a child has previously been seen at another Medical Hub, the health records can be accessed by the staff at the other locations when they receive a referral for the same child. Information from the DCFS referral form auto-populates into E-mHub, reducing the need for data entry. In addition, medical providers no longer need to write the same information twice – once in the progress notes for the DHS medical chart and once on the DCFS required medical examination form. Instead, this information is entered once in E-mHub and auto-populates the medical exam forms. And instead of staff spending time faxing medical exam forms to DCFS, the forms are electronically sent with the click of a button.

In addition, Medical Hub staff previously had to hand-tally many of their operational statistics, such as the number of referrals received each month from DCFS, and the number of mental health screening tools completed. E-mHub has reporting functions available to tally this data. All of these efficiencies result in more time for Medical Hub staff to see additional patients and focus on providing quality medical care for the children they serve.

The E-mHub system has also helped DCFS better track usage of the Medical Hub program to ensure that all children placed in out-of-home care receive the Juvenile Dependency Court-ordered Medical Hub exam. E-mHub electronic referrals and automated appointment status emails are now tracked by DCFS and are used to prepare reports that are posted on the DCFS intranet site and used as a management tool by Regional Administrators. The reports are invaluable to DCFS towards its commitment that all children first entering the child welfare system will have a comprehensive initial medical exam at a Medical Hub. Prior to the implementation of E-mHub and the DCFS interface, no reliable tool existed to measure DCFS' progress to meet its goal.

This project serves as an example of how County departments can work together in an innovative way to successfully overcome complex legal and logistical barriers to the electronic sharing of information. The E-mHub system has allowed for better tracking of the health status of the vulnerable children served by DCFS, facilitated the provision of quality medical care and treatment, and improved coordination of care for these children.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): Use this page to provide a breakdown of the estimated/actual costs benefits. As a suggestion, work with your fiscal staff.

Cost Avoidance: Anticipated costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

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

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\$	\$	\$	\$	<input checked="" type="checkbox"/>

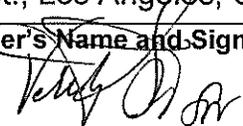
ANNUAL= 12 MONTHS ONLY

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FOR COLLABORATING DEPARTMENTS ONLY
(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS Department of Children and Family Services 425 Shatto Place, Los Angeles, CA 90020	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE Tricia J. Denson Signature on File	DEPARTMENT HEAD'S NAME AND SIGNATURE Philip L. Browning Signature on File
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS Chief Executive Office 500 W. Temple St., Los Angeles, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE Charlene Abe Signature on File	DEPARTMENT HEAD'S NAME AND SIGNATURE William T. Fujioka Signature on File
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS Chief Information Office Los Angeles World Trade Center, Suite 188, Los Angeles, CA 90071	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE Gregory Melendez Signature on File	DEPARTMENT HEAD'S NAME AND SIGNATURE Richard Sanchez Signature on File
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS Internal Services Department 1100 N. Eastern Ave., Los Angeles, CA 90063	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE Linda Estrada Signature on File	DEPARTMENT HEAD'S NAME AND SIGNATURE Tom Tindall Signature on File
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS County Counsel 648 Kenneth Hahn Hall of Administration 500 W. Temple St., Los Angeles, CA 90012	
Productivity Manager's Name and Signature Marva C. Blakely 	DEPARTMENT HEAD'S NAME AND SIGNATURE John Krattli 