Quality and Productivity Commission

27th Annual Productivity and Quality Awards Program

"Saluting County Excellence"

2013 APPLICATION

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

NAME OF PROJECT: DIABETES: PROCESSING AND MANAGING THE NUMBERS

DATE OF IMPLEMENTATION/ADOPTION: SEPTEMBER 2011
(Must have been implemented at least one year - on or before June 30, 2012)

PROJECT STATUS: x Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes x 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

In 2012, Public health officials of LA County declared that nearly 10 percent of adults in LA County have diabetes. In 2011, the percentage of diabetics rose from 6.6 percent to 9.9 percent of the local population (685,000). In the MLK-MACC Medical Home one of our goals is to monitor Diabetes control. The two indicators used to assess control are LDL (bad cholesterol) and Hemoglobin A1C (sugar control). On a regular basis the Primary Care Providers order these labs for the Diabetic patients. The Quality Improvement Committee gather all the results of these labs and systematically separate patients with uncontrolled lab results (LDL > 100 and HGA1C >9). The list goes to the providers who call these patients or a one- to-one visit. These patients are then referred and seen at the Diabetes Group visit on a quarterly basis. Patients who continue to have uncontrolled diabetes are referred to the Diabetes clinic for further follow up with Endocrinology and Diabetes specialists. With ongoing monitoring through this program, complications resulting from poor Diabetes control have been averted. Close monitoring of patients with poor compliance is accomplished early resulting in reduced unnecessary hospitalization and visits to the urgent care or emergency room.

(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
$682,704.00	$	$ Billable Dollars	$682,704.00	

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Health Services MLK-MACC 12021 S. Wilmington St; LA, CA 90059	TELEPHONE NUMBER 310-668-5201
PROGRAM MANAGER'S NAME Ellen Rothman, MD	TELEPHONE NUMBER 310 668 4501 EMAIL erothman@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo — DATE 6/18/13	TELEPHONE NUMBER 213-240-8104 EMAIL apreyer@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell Katz, MD — DATE 6/18/13	TELEPHONE NUMBER 213-240-8101

We Support Plain Language

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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.

Benefit to the patient:

- Early identification of Uncontrolled Diabetes
- Early management of diabetes health problems
- Prevention of diabetes complications
- Monitoring of medication compliance
- Improved access to medical home care team
- Improved access to specialty care
- Reduced unnecessary clinic visits urgent care, emergency room visits and hospitalization.

Benefit to facility:

- Increased clinic productivity/decreased cost per visit
- Ability to meet managed care access standards by;
  - Specialty care referral within 15 days of request (given on the day of one visit with Primary provider or group visit).
- Improvement in quality health indicators (see below)
- Long term benefit of decreased costs by reduction in hospitalizations, ER visits, Urgent Care visit.

Process of measurement & outcomes:

- Selected two key factors for improvement measurement and evaluation:
  - LDL Levels (**goal:** LDL level < 100 mg /dl (LDL level control) based on CA 1115 waiver)
  - Hgb A1c (**goal**: HgbA1c level < 9% (HgbA1c control) based on CA 1115 waiver)

- For Hemoglobin A1C, the total labs drawn from January 2012 to May 2013 was 3200. Of those 800 (25%) showed uncontrolled levels. These patients' labs were monitored with the ongoing one on one with the provider and follow up with the group visits. Our goal is to keep equal or less than 30% for uncontrolled rate (based on CA 1115 Waiver HgA1C> 9 %). The data showed an improvement in the lab results of the participants, indicating controlled diabetes (see graph below).
- For LDL, the total labs drawn from January 2012 to May 2013 was 2855. Of those 1105 (38%) showed uncontrolled levels. These patients' labs were monitored with the ongoing one on one with the provider and the follow up with the group visits. Our goal is to keep equal or less than 40% for uncontrolled rate (based on CA 115 Waiver LDL> 100mg/dl). The data showed an improvement in the lab results of the participants, indicating controlled diabetes see graph below.

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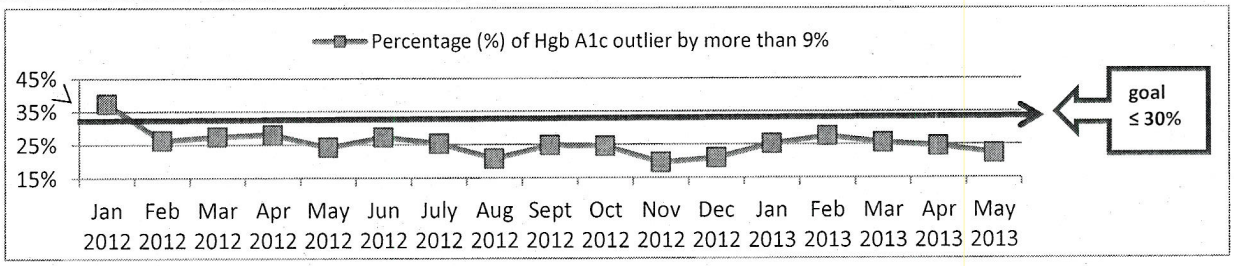
LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):

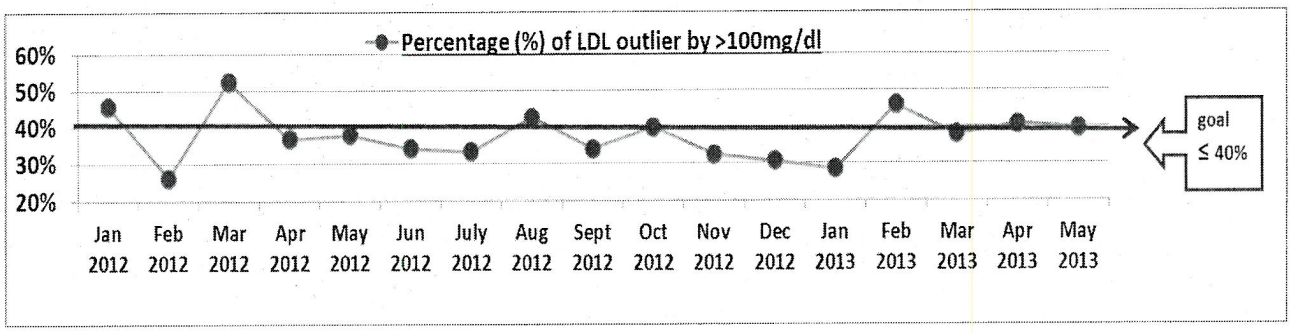
Graph I: Hgb A1c level trend report for Diabetes Measurement from January 2012 thru May 2013: our goal is to keep equal or less than 30% for uncontrolled rate (based on CA 1115 Waiver HgA1C > 9 %); see graph below

Diabetes Mellitus	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	YTD
N: # of Pts with **Hgb A1C > 9%** out of Diabetes who had Hgb A1c labs drawn	47	45	44	47	49	46	52	39	44	47	35	33	45	48	60	59	60	**800**
D: # of Diabetes Pts who had Hgb A1c labs drawn	126	172	161	168	203	169	206	188	178	192	179	158	179	175	236	241	269	**3200**
Percentage (%) of Hgb A1c **outlier** by **more than 9%**	37%	26%	27%	28%	24%	27%	25%	21%	25%	24%	20%	21%	25%	27%	25%	24%	22%	25%



Graph II: LDL level trend report for Diabetes Measurement from January 2012 thru May 2013: our goal is to keep equal or less than 40% for uncontrolled rate (based on CA 1115 Waiver LDL > 100mg/dl); see graph below

Diabetes Mellitus	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	YTD
N: # of Pts with **LDL > 100mg/dl** out of Diabetes who had LDL labs drawn	49	78	78	50	68	49	61	68	52	69	53	40	51	72	81	89	97	**1105**
D: # of Diabetes Pts who had LDL level labs drawn	107	161	149	136	180	144	183	160	153	173	164	131	179	157	214	219	245	**2855**
Percentage (%) of LDL **outlier** by **>100mg/dl**	46%	26%	52%	37%	38%	34%	33%	43%	34%	40%	32%	31%	28%	46%	38%	41%	40%	38%



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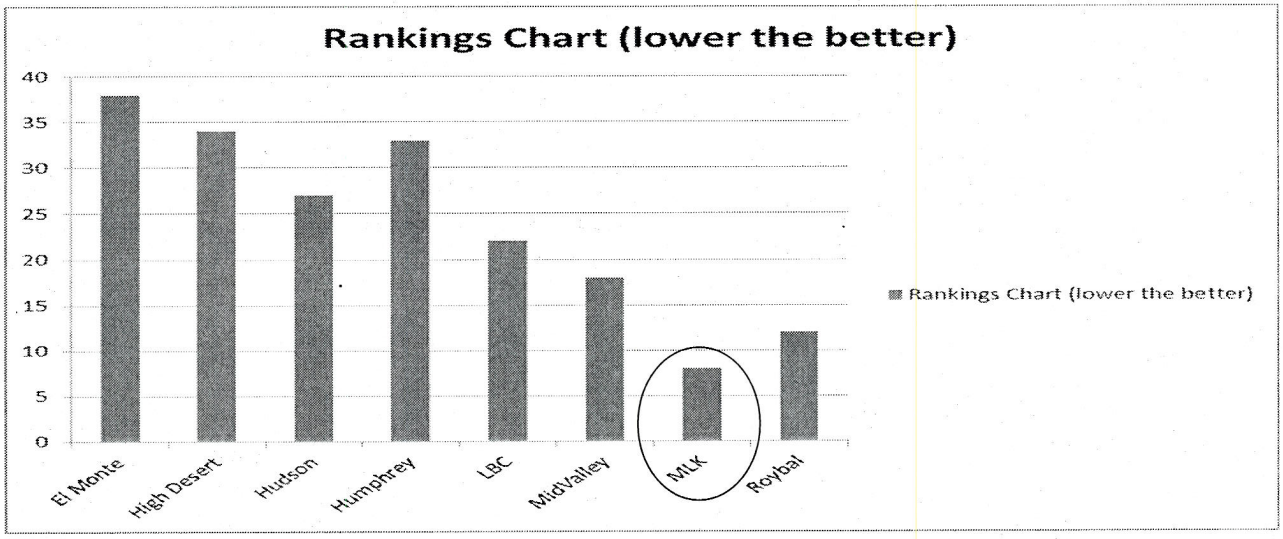
COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page.

From January 2012 to December 2012 a total of 528 patients with uncontrolled diabetes were monitored through Diabetes: Processing and Managing Numbers program. These diabetic patients if they remained unmonitored would have presented with uncontrolled glucose in Emergency Rooms in LA County. A basic fee to an Emergency Room would have cost $1293.00 per visit. This translates to $682,704 of annual cost avoidance of ER visits due to uncontrolled diabetes.

Revenue:

The increase in Diabetic patients in LA County resulted in increased referrals and usage of Primary Care Clinic time and Subspecialty clinic time (Endo and Nutrition clinic) at MLK-MACC. Identifying poor control of Diabetes promoted by the Diabetes: Processing and Managing Numbers program resulted in decreased utilization of services by this population. In 2013 on the DHS Ambulatory Care Network Provider Profile and Empanelment Capacity report, MLK-MACC MLK ranked #1 facility with diabetes clinical measures (A1c and LDL). See below: DHS 2013 Report comparing MLK-MACC to other ACN sites.

DHS Ambulatory Care Center PCMH Facility Comparison of HgAIC and LDL reports



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(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
$ 682,704	$	$ Billable Dollars	$ 682, 704	☐

ANNUAL= 12 MONTHS ONLY

Between January and December 2012, 528 patients were seen at the group visit. These diabetic patients if they remained unmonitored would have presented with uncontrolled glucose in Emergency Rooms in LA County. The basic fee of just one ER visit costs $1293.00 and if multiplied by 528 potential ER visits, translates to $682,704 of annual cost avoidance of ER visits due to uncontrolled diabetes. The cost for more frequent face to face patient visits with the primary provider, increased inpatient admission due to complications resulting from uncontrolled diabetes have not been factored into this number, but would have resulted in a greater annual cost avoidance.