

Quality and Productivity Commission
28th Annual Productivity and Quality Awards Program
"Los Angeles County: Ahead of the Curve"

2014 APPLICATION

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

NAME OF PROJECT: ECONSULT- PATIENT CENTERED SPECIALTY CARE PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: JULY 18, 2012
 (Must have been implemented at least one year - on or before June 30, 2013)

PROJECT STATUS: Ongoing One-time only

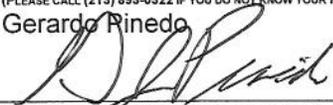
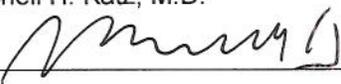
HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

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

1 The Los Angeles County Department of Health Services (LAC DHS) has found it
 2 challenging to meet the demand for outpatient specialty care services in the setting of
 3 limited resources. In collaboration with the local Medicaid Health Plan and other
 4 community partners, DHS launched eConsult - a web-based, Health Insurance
 5 Portability and Accountability Act (HIPAA) compliant, healthcare communication
 6 platform that allows Primary Care Providers (PCPs) to discuss their patient's specialty
 7 care needs directly with DHS specialists in a secure, highly efficient and organized
 8 manner. Since July 2012, over 1,600 PCPs using eConsult have logged more than
 9 95,000 unique eConsult requests in 29 specialty services with an average specialty
 10 response time of 2.9 days. Thanks to the use of eConsult, 32% of eConsults resulted in
 11 the patient's need being met within the patient's medical home, thus freeing up specialty
 12 clinic appointment slots in highly impacted clinics. For cases needing a face to face
 13 visit, eConsult allowed the specialist to ensure the appropriate pre-visit clinical testing is
 14 completed prior to the first visit and designate how quickly the patient should be seen in
 15 clinic.

(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

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS DEPARTMENT OF HEALTH SERVICES SPECIALTY CARE 313 N. FIGUEROA STREET, STE 903 LOS ANGELES, CA 90012		TELEPHONE NUMBER 213-240-8353
PROGRAM MANAGER'S NAME Paul Giboney, M.D.		TELEPHONE NUMBER 213-240-8353 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) Gerardo Pinedo 	DATE 7-14-14	TELEPHONE NUMBER 213-240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell H. Katz, M.D. 	DATE 7-14-14	TELEPHONE NUMBER 213-240-8101

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project.

Challenge

Timely access to specialty care is frequently cited as one of the most important concerns for both patients and primary care physicians (PCPs). Los Angeles County is home to 10 million people of which 830,000 are served by the Department of Health Services (DHS). DHS also provides the majority of specialty care to the uninsured and medically underserved in Los Angeles County. As with other public health systems in America, DHS has found it challenging to meet the massive demand for outpatient specialty care services in the context of limited resources and a fixed budget. The entry points for specialty service requests involved a variety of platforms and processes, which were uncoordinated and not well-oriented to the needs of either patients or primary care providers. This has caused high variability in access between specialties within DHS facilities, with few mechanisms for coordination of service and long wait times for specialty care appointments.

Historically, DHS has had a very fragmented specialty care delivery system, with each of the four Hospitals, two Multi-Service Ambulatory Care Centers, six Comprehensive Care Centers, and ten primary care clinics largely operating in geographic clusters that did not facilitate system-wide process standardization, clinical collaboration, or patient care cooperation. The entry points for specialty service requests involved a variety of platforms and processes, which were uncoordinated and not well-oriented to the needs of either patients or primary care providers. In addition, DHS receives specialty referrals from over 200 Community Partner clinics.

Solution

With this in mind, DHS had to completely re-think the manner in which it provided specialty care services to patients. With the collaboration of the LA Care Health Plan, Healthcare LA IPA and the Community Clinic Association of Los Angeles, DHS launched a program called “eConsult”. When the PCP identifies a specialty care need, they are able to submit a clinical question via the eConsult platform to the specialist along with any photographs, lab or electrocardiogram (EKG) attachments, radiology reports or other clinical data relevant to the case. The specialist is alerted to the presence of a new eConsult request for assistance and is able to review the case and respond to provide education/input, request clarification/more information, or recommend that the patient be seen in the specialty clinic.

The eConsult web-based electronic platform improves the sharing of information about both the status of the specialty care request as well as the transmission of clinical information back to the PCP once a specialty visit has been completed. The

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eConsult program updates the PCP at each step in the process by sending messages directly to the PCP's eConsult Inbox. Along with being updated when the specialist decides to recommend a face-to-face visit, the PCP also receives a message when the patient has been scheduled for the visit including location, date, and time of the appointment. Finally, once the visit has been completed, eConsult provides the specialist with the ability to update the eConsult to inform the PCP when the patient was seen in clinic and send any notes/recommendations or other reports directly to the PCP's eConsult Inbox. The system also allows the specialist to send a note to the PCP if the patient failed to keep their specialty appointment. The ability to facilitate communication and transparently share information is a key piece in building the integrated delivery network that is central to the DHS' strategic vision.

DHS independently assumed responsibility for the eConsult program in late 2013 and as of June 2014 is providing eConsult assistance in 29 specialty services with plans to transition to eConsult for the few remaining specialties at the end of this year.

Benefit

DHS serves a large geographic area and population. eConsult is currently in use by over 1,600 DHS employed and community based PCPs in over 170 different clinical locations across the county. These PCPs have logged over 95,000 unique eConsult requests. In a sign of the responsiveness DHS has sought, the average specialist response time to the initial PCP request for eConsult assistance is 2.9 days.

A unique element of the DHS eConsult program is that it seeks to facilitate the growth of a consistent relationship between a PCP and a given specialist. While there may be 10 or more DHS eConsult specialists in any given specialty, every individual PCP is always paired with the same specialist in a particular specialty. This has proven to be a powerful way to build trust, collaboration, and mutual accountability while facilitating PCP education and professional growth. Such a consistent relationship also allows the eConsult specialist to learn the diagnostic or procedural limitations of particular community partner clinic and customize the recommendations based on what is available outside of DHS. The ability to troubleshoot both clinical and process issues, as well as facilitate transitions of care has enabled us to manage our patients in a way we have never been able to do before.

In the face of an overwhelming demand for specialty care services, the eConsult program has enabled DHS to accomplish several strategic objectives:

1. Build a system that is responsive to specialty care requests both from DHS providers and the larger community.

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

2. More effectively use our constrained specialty resources by managing some patients virtually through PCP advice and education and ensuring that patients who are seen in clinic are appropriate and ready for the visit.
3. Reduce variability in practice and break down the silos in our historically fragmented healthcare system.
4. Improve our ability to work collaboratively among our care partners through improved communication, transparency of process and sharing of clinical information as it becomes available.
5. Create a patient friendly scheduling process that has improved patient satisfaction and lowered no show rates to specialty clinics.

The eConsult program is a win-win-win. For our patients, it means better access to specialty care, often without having to go to multiple appointments (sometimes these are unnecessary visits). For our PCPs, it means rapid and direct communication with specialists and updates on the best way to treat difficult clinical issues. For our specialists, it means sharing their expertise widely and focusing their face to face clinic time on those patients who will benefit most from it.

ECONSULT PATIENT CENTERED SPECIALTY CARE PROGRAM LINKS TO ALL 3 STRATEGIC INITIATIVES BY MAXIMIZING THE USE OF LIMITED SPECIALTY CARE RESOURCES (GOAL 2), WHILE LEVERAGING THE USE OF TECHNOLOGY (GOAL 1) TO DRIVE MORE TARGETED SPECIALTY CARE SERVICE DELIVERY TO THE CONSUMERS OF HEALTH CARE SERVICES IN LOS ANGELES (GOAL 3).

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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. 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.

Cost Avoidance: 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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