Quality and Productivity Commission

29th Annual Productivity and Quality Awards Program

Champions of Change: Together We Make a Difference

2015 APPLICATION

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

NAME OF PROJECT: ECONSULT DIABETES CO-MANAGEMENT MODEL

DATE OF IMPLEMENTATION/ADOPTION: 11/2013
(Must have been implemented at least one year - on or before July 1, 2014)

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. State clearly and concisely what difference the project has made.

1 Diabetes is a chronic, resource intensive disease that impacts over 58,000 of our
2 400,000 empanelled patients within Department of Health Services (DHS). Carve-out
3 disease management centers with operating cost of over 2 million dollars annually had
4 been the existing standard for the management of diabetes DHS wide. Shortfalls of this
5 model had been inequitable access due to delays in availability and limited locations.
6 To address these barriers, the LAC+USC cluster initiated a diabetes co-management
7 model within the eConsult platform, the DHS e-referral system, with the intent of
8 delivering well-coordinated, patient-centered, high-quality, and timely diabetes expert
9 manage plans to primary care providers(PCP's). The primary outcomes were
10 agreements by PCP's to implement expert advice within their respective PCMH's.
11 Since our initial launch in November 2013, the eConsult co-management dialogue has
12 become the primary pathway of diabetes intervention at the LAC+USC Medical Center.
13 This model was developed and scaled without any additional cost beyond operating the
14 eConsult platform. We have demonstrated that this is a viable model for providing high-
15 quality, equitable, cost sensitive care for potentially all diabetes patients for DHS.

(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
$	$	$	$	☒

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS LAC+USC Ambulatory Care 1100 NORTH STATE ST, LA, CA	TELEPHONE NUMBER 323-409-5101
PROGRAM MANAGER'S NAME Dr. Wei-An (Andy) Lee Medical Director, Specialty Services	TELEPHONE NUMBER 323-409-5181 EMAIL welee@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 7/9/2015	TELEPHONE NUMBER 213 240-7948 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell Katz, M.D. DATE 7/1/2015	TELEPHONE NUMBER 213-240-8101 MKATZ@DHS.LACOUNTY.GOV

We Support Plain Language

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made. Use Arial 12 point font

Challenge:

Large population of Diabetes: Diabetes is a chronic, resource intensive disease that impacts over 58,000 of our 400,000 empanelled patients within Department of Health Services (DHS).

Expensive and Limited resources: Carve-out disease management centers with operating cost of over 2 million dollars annually had been the existing standard for the management of diabetes DHS wide. Shortfalls of this model had been due to inequitable access from delays in availability and limited locations. A case example would be a diabetes patient in the Pomona, East Valley Medical Center unwilling to travel to the LAC+USC Medical Center due to distance.

Physician stakeholders poor: There is a significant clinical inertia in driving Primary Care Providers(PCP) to provide high quality diabetes care within the Patient Centered Medical Home.

Solution:

DM Co-Management through eConsult: To address this barrier, the LAC+USC cluster initiated a Diabetes co-management model within the eConsult platform, the DHS e-referral system with the intent of delivering well-coordinated, patient-centered, high-quality, and timely diabetes expert advice to primary care providers.

Since our initial launch in November 2013, the need for face-to face diabetes visits have declined, and eConsult co-management dialogue has become the primary vehicle for diabetes intervention at the LAC+USC Medical Center. We standardized an eConsult metric to capture primary care acceptance of care plans from specialty reviewers within eConsult. In a patient series audit, greater than 80% of the eConsult agreement led to therapeutic action on the patients within their primary care site. The co-management volume has increase exponentially and led to a cultural change for the management of diabetes for the LAC+USC Medical Center. More importantly, it has been building more proficient diabetes management workforce within the Patient Center Medical Home (PCMH).

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Benefits:

Reduce the mismatch of supply and demand for face-to-face specialty visits: the eConsult DM co-management program has reduce the need for face-to-face demand for diabetes clinic, therefore providing more availability for high-complex diabetes patients that need care.

Timely Care: an eConsult DM plan can be initiated within 1 day versus the traditional model may be as extended as 3-5months. More importantly, the care is delivered through the familiar location and medical systems that patient routinely received his/her medical care.

Patient centered: This model was built with the intent of structuring medical care around the patients and not the physical constraints of specialty care locations. The eConsult dialogue provides continuously accessible expert advice to PCP's to deliver targeted, evidence based care to patients from any LA county location.

Efficacious and Safe: Providing PCP's more case-based and targeted expert advice would improve the efficacy and safety of diabetes treatment within DHS.

Efficient system: This system has continue to scale and grow to include all the primary care clinics within the LAC+USC Medical center. The system is extremely efficient in providing standardized recommendations and changing physician behavior in providing high quality care.

Equitable care for DM patients: Prior to this system, patient care was delivered inconsistently and there was a mismatch between the available of specialty clinic slots and the demand. All diabetes patients at the medical center now have equitable access to high quality diabetes care within a primary care office visit.

Sustainable and cost-effective: The project has been active since November 2013, and has continue to grow without any additional resource beyond the routine operating cost eConsult.

eConsult Diabetes Co-management model is a viable model for providing high-quality, equitable, cost sensitive care for potentially all diabetes patients for DHS. Our plan will be to expand this model to more sites within DHS

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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): Use Arial 12 point font

The project will be enriching the lives of Los Angeles county patients by providing enhanced services in an efficient customer-oriented manner.

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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. Use Arial 12 point font

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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