Quality and Productivity Commission 31st Annual Productivity and Quality Awards Program "Celebrating Quality Service"

2017 APPLICATION

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

NAME OF PROJECT: MULTISPECIALTY HUB & MEDICAL INNOVATION INCUBATOR

	DATE OF IMPLEMENTATION/ADOPTION:		Jun 9, 2016 (Must have been implemented at least one year - on or before July 1, 2016)				
	PROJECT STATUS:		oing	One-time only			
	HAS YOUR DEPARTMENT PREVIOUS SUBMITTED THIS PROJECT?	JSLY	Yes	<u>x</u> No			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	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. Catalyzing Los Angeles County goal in "realizing tomorrow's government today," we have renovated a space to become a workplace of the future. An outpatient unit that provided no direct patient care was renovated to create a multispecialty hub with an embedded medical innovation incubator. The hub provides patient care to 7 different subspecialty services with a combined volume of over 24,000 visits/year. In addition to this, this unit embedded resources and processes to rapidly test and showcase new delivery models needed across outpatient clinics at the medical center and potentially throughout DHS. The models created provide greater opportunities for disruptive inclusive innovation-higher quality of care with less cost/resources through a highly engaged workforce. Since the opening on June 9th, 2016, the unit has demonstrated the ability to drive effective innovations through conceptualizing and realizing new care models described in this proposal. One of the strengths of this unit was overcoming limitations and constraints with the ability to physically showcase and demonstrate abstract ideas in a live environment.						
BENEFITS TO THE COUNTY							
		(2) IAL/ESTIMATED IL COST SAVINGS	(3) ACTUAL/ESTIN ANNUAL REVE		SERVICE ENHANCEMENT PROJECT		
Ī	ANNUAL = 12 MONTHS ONLY						
	SUBMITTING DEPARTMENT NAME AND CO Department of Health Services,	TELEPHONE NUMBER					
	PROGRAM MANAGER'S NAME Dr. Wei-An (Andy) Lee, DO Medical Director, Specialty Car LAC+USC Medical Center	e Services		TELEPHONE NUMBER 323-409-5181 EMAIL welee@dhs.lacc			
	PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO AND KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo		D ate 6-27-:	TELEPHONE NUMBER 213-240-8104 EMAIL	TELEPHONE NUMBER 213-240-8104		
	DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell H. Katz MD		D ATE 6/27/2	TELEPHONE NUMBER 2017 213-240-8101	TELEPHONE NUMBER		
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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. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

Inclusive disruptive innovation is necessary in a resource constrained county environment, yet it is very difficult to nurture this process. As a demonstration project, we were challenged with the need to co-locate 7 subspecialty clinics into one unit location within a limited budget and timeframe. With the support of the agency director Dr. Katz and the 1st district, we renovated and created the multispecialty hub with an integrated medical innovation incubator--with the ability to test and redesign how modern specialty clinics can be redesigned to address the demands of patients within the new county landscape. On June 9th, 2016, the multispecialty hub with an embedded Medical Innovation Incubator opened. Since then, the following were new quality related outcomes that emerged from this unit.

AREA 5P1 Multispecialty Hub with an embedded Medical Innovation Incubator outcome has produced the following outcome during this current fiscal year:

- 1. Clinical Care providing 7 subspecialty services: AREA 5P1 unit location previously only provided the service of processing employee health, storing files, and housing office space. The space was renovated to provide a medical service to 7 different subspecialty services with different division leadership: diabetes, liver, rheumatology, hepatitis C treatment, general gastroenterology, nephrology, and podiatry. A unit management strategy had to be develop to manage services previously in different units, now housed into one. This unit now provides over 24,000 patient visits per year.
- Shared Groups Visits: AREA 5P1 was the first outpatient area to develop a standardized process for Share Groups Visits (SGV), which allowed for a multidisciplinary approach in managing complex diseases. The share groups visits developed in this site have been the following: Diabetes SGV, Hepatitis C SGV, Palliative Care SGV, and Nephrology SGV.
- 3. Clinical Team Redesign: In order to offer a shared space for the co-location of 7 subspecialty service, where 4 subspecialty services can be active at the same time, a team based clinic redesign had to occur. Providers, nurses, clerks, pharmacists, and social workers had been closely integrated in the workflow and space of the clinic. This is a team-based design that is interwoven into the basic operations of clinics.
- 4. Split-Flow Clinic Redesign: Pilot and current standard in clinic to address all issues of the clinic, and yet address people who arrive on time for clinic. Split flow allows these two cohort of patients to function in parallel in the daily operations of the clinic.

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- 5. The diabetes clinic was the first in all of DHS to introduce the HBA1C point of care testing. This clinic modeled how POC can help diabetes patients within DHS.
- 6. Research and clinical care evaluation: Beyond patient care, ACGME education and research are heavily active the clinical units. AREA 5P1 was the first to create a process for visibility and prioritization regarding the activities clinic that involved clinic care, resident ACGME education, and research. This maximizes more clinic care within the resources provided.
- 7. AREA5P1 piloted, tested, and scaled an open, realtime platform for collaboration and unit based meeting. This was called the HuddleGRAM.
- 8. Exponential design through scalable design units: Process formalized through the development and management of SnapFlow project for Cycle Time. This was a precision project developed using behavioral mechanics to improve the target cycle in 3 large medical units (medicine specialty, orthopaedics, and ophthalmology) will implementation methodology that has scale to over 168 specialty clinics throughout the medical center.
- 9. Paracentesis clinic was developed within AREA5P1. In order to reduce the ER visit of chronic liver disease patients with ascities, a paracentesis clinic was developed. This was the first development and credentialing of an Advanced Practice Provider running a procedure clinic of this form.
- 10. Integrated Palliative care for liver. With the support of the California Health Care Foundation, this was the first shared group visit model integrated within a liver clinic to assist with palliative care.
- 11. Inclusive Innovation supply chain design. Through careful evaluation, it has been determined that innovation has been traditionally very exclusive and inaccessible to the front line staff. A mission of the embedded Medical Innovation Incubator is to provide an inclusive innovation supply chain design to promote more frontline staff employee engagement. This has been support by Dr. Katz and we have formalized the methodology which has proven to be more accessible and comprehensive to the front line staff.
- 12. Development of Specialty Care Connect: This was the team created devoted to patient portal access. This was the first team to focused on non-face to face encounters such as the patient portal.

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<u>Linkage to the County Strategic Plan – 1 page only</u>. Which County Strategic Plan goal(s) does this project address? Explain how. <u>Use Arial 12 point font.</u>

Goal 3. Realizing Tomorrow's Government Today

[III.3.6] Implement a Workplace of the Future: Develop a conceptual office space model(s) designed to: support the work and/or activities of employees; encourage employee collaboration; increase the amount of available work space within existing resources. AREA 5P1 is now a concrete product showcasing modern care delivery models for outpatient services tightly co-located within one unit. This space houses care models such as group visits, econsult communications, patient portal exchanges, and many other innovations in care delivery.

- [III.3.2] Manage and Maximize County Assets: The multispecialty hub was renovated under budget and on time. This was a marvel of great design and project management. With this single investment, the unit impacts over 100 specialty clinics throughout the medical center.
- [III.3.3] *Measure Impact and Effectiveness of our Collective Efforts:* The efforts of this model is to provide projects and new service delivery that is exponentially better than improvement to existing services from before. The projects listed above have provided exponentially higher effectiveness for the problems.
- [III.4] Engage and Share Information with Our Customers, Communities and Partners. An integral part of the Medical Innovation Incubator is the customer discovery component. It is through this feature that patient can co-create clinical design.

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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.

(1) ACTUAL/ESTIMATED ANNUAL COST	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) TOTAL ANNUAL ACTUAL/ESTIMATED	SERVICE ENHANCEMENT PROJECT
AVOIDANCE \$	\$	\$	BENEFIT \$	

ANNUAL= 12 MONTHS ONLY