

Quality and Productivity Commission
30th Annual Productivity and Quality Awards Program
“Heritage of Excellence”

2016 APPLICATION

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

NAME OF PROJECT: DEPARTMENT OF HEALTH SERVICES - MY HEALTH LA

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER 1, 2014
 (Must have been implemented at least one year - on or before July 1, 2015)

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

1 The My Health LA program (MHLA) provides comprehensive primary, preventative,
 2 specialty, emergency and substance abuse-related health care services to low income
 3 Los Angeles County residents who are not eligible for other health care coverage
 4 programs under the Affordable Care Act (ACA). Health services are provided by a
 5 contracted network of approximately 200 non-profit community clinic partners. The Los
 6 Angeles County Department of Health Services (DHS) launched MHLA in October 2014
 7 to provide health coverage for thousands of low-income residents unable to find
 8 coverage under federal healthcare reform. MHLA uses innovative web-based
 9 enrollment technologies combined with a progressive capitated model of payment to
 10 support care coordination and reduce duplication of services. The program issues
 11 program identification cards and welcome packets to participants, ensures ongoing
 12 program and health communication with members and requires all patients to select a
 13 “medical home” that will be responsible for coordinating all of their primary care. The
 14 program serves 146,000 unique patients per year and is funded by an annual \$61
 15 million allocation by the Los Angeles County Board of Supervisors.

BENEFITS TO THE COUNTY

(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 Los Angeles County Department of Health Services – MHLA Program 1100 Corporate Center Drive Suite 100 Monterey Park, CA 91754		TELEPHONE NUMBER 626-299-5789
PROGRAM MANAGER’S NAME Amy Luftig Viste		TELEPHONE NUMBER 626-299-5396 EMAIL aviste@dhs.lacounty.gov
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE Gerardo Pinedo SIGNATURE ON FILE	DATE 6/21/2016	TELEPHONE NUMBER 213-240-8104 EMAIL GPINEDO@DHS.LACOUNTY.GOV
DEPARTMENT HEAD’S NAME AND SIGNATURE Mitchell H. Katz, M.D. SIGNATURE ON FILE	DATE 6/21/2016	TELEPHONE NUMBER 213-240-8101

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Challenge: Implementation of the Affordable Care Act (ACA) did not extend health insurance to all uninsured. Recognizing that many Los Angeles residents would remain uninsured after January 1, 2014, DHS began planning for the MHLA program to provide health coverage for individuals ineligible for publically supported health insurance under the ACA. Just because someone is exempt from health insurance under the ACA does not mean that they don't need care. Without access to primary and preventive care, the health needs of uninsured individuals are likely to increase and their health status deteriorates. Many may go untreated or seek services through costly hospital emergency departments. An October 2014 policy brief by the Kaiser Family Foundation found that the uninsured have “worse access to care than people who are insured.” It further noted that the uninsured are less likely than those with insurance to receive preventive care and services for chronic disease.

The uninsured often lack a usual source of health care, have limited access to preventive care, receive uncoordinated health services from public and non-profit health care systems in a fragmented manner and have lower health status. Uninsured residents can benefit from the same type of organized health care delivery systems available to insured persons. Data collected as part of the California Health Interview Survey (CHIS) finds that Los Angeles' uninsured residents are less likely to have seen a doctor in the last year, generally do not have a usual source of care and more frequently delay care than insured residents. MHLA was designed to address this gap in health care experience and improve access to services for the uninsured.

Solution: DHS, in partnership with community clinic partners, developed MHLA to fill this gap in health care access. MHLA is closely aligned with DHS' mission is to “ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.” The goals of MHLA are to:

- Preserve access to health care for uninsured patients
- Encourage health coordination, continuity of care and patient management
- Encourage appropriate utilization and discourage unnecessary visits
- Encourage collaboration by improving data and performance measurements
- Simplify administrative infrastructure using an electronic enrollment system.

To be eligible for MHLA, applicants must be: a resident of Los Angeles County, have household income at or below 138% of the Federal Poverty Level, be nineteen years of age or older and ineligible for public health insurance programs. MHLA provides free primary healthcare through a network of non-profit community clinics. Program services include preventive, primary, specialty, diagnostic, pharmacy, emergency/urgent and inpatient care, as well as substance abuse treatment services and referrals for mental health. Program participants can access free and low-cost dental services at community clinics, funded in part by the MHLA program.

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Two critical components of MHLA are the introduction of medical homes for the uninsured to reduce episodic care and the implementation of a web-based eligibility and enrollment system known as One-e-App. One-e-App is a web-based eligibility and enrollment system utilized by community clinic enrollers to determine eligibility and enroll applicants to MHLA in real time. It is a comprehensive system that captures patient demographic data, makes referrals to Restricted (Emergency) Medical Program, and provides enrollment and demographic data to DHS.

When a patient enrolls in MHLA, they are required to select a “medical home” that will be responsible for coordinating all of their primary care. Both One-e-App and the medical home model helps ensure that uninsured residents participating in MHLA have a usual source of care and helps avoid duplication of services among providers. MHLA also issues program identification cards and welcome packets to participants and ensures ongoing program and health communication with participants.

Benefits: In early 2015, there were just nine counties that provided health care services beyond emergency care to undocumented immigrants: Alameda, Los Angeles, Riverside, Fresno, San Francisco, San Mateo, Santa Clara, Santa Cruz and Ventura, With an estimated 400,000 residents in Los Angeles County unable to qualify for health coverage under the ACA, 145,000 of whom are enrolled in MHLA, it is believed that MHLA is the largest source of coordinated care to undocumented immigrants in the nation (Health Access, Profiles of Progress, May 2016).

MHLA provides a comprehensive array of services designed to promote wellness and address chronic health conditions and acute care needs. MHLA minimizes the extent to which uninsured residents are forced to rely on hospital emergency department settings to receive services that could be provided more cost-effectively and efficiently in a primary care setting. The accomplishments during MHLA’s inaugural year were significant:

- **145,025** participants are enrolled – almost 100% of a 146,000 enrollment goal.
- **84%** of enrollments are occur in the highest-need areas of the County (South Los Angeles, Metro, San Fernando Valley, East Los Angeles, and South Bay).
- **2/3** of MHLA participants had at least one primary care visit during enrollment.
- MHLA participants received an average **3.5 visits** per year to treat chronic conditions such as asthma, diabetes, chronic obstructive pulmonary disease.
- Only **16%** of emergency visits by MHLA participants were “avoidable” – a number MHLA will track every year.
- **12,000** MHLA participants received **30,000** no-cost specialty care visits at DHS.
- **3,000** primary care slots opened at DHS when patients enrolled in MHLA.
- Over **200** community clinics now contract with DHS to provide MHLA services.
- Over **500** certified community clinic enrollers take MHLA applications throughout all of Los Angeles County.

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The MHLA program's development and successful implementation of a web-based, real-time eligibility system (One-e-App) – which moved the County permanently away from a paper-based application process - supported the following goal and initiative:

- **GOAL 1: OPERATIONAL EFFECTIVENESS/FISCAL SUSTAINABILITY:** Maximize the effectiveness of processes, structure, operations, and strong fiscal management to support timely delivery of customer-oriented and efficient public services. **Strategic Initiative 4: Innovative Technology Application.** Develop innovative Information Technology solutions that achieve efficiencies/transform service delivery.

MHLA, with its emphasis on care coordination and the selection of a primary care medical home, partnered with non-profit community clinics to respond to a gap in healthcare access for low-income, high-need residents of Los Angeles County following the launch of the ACA, in support of the following goal and initiatives:

- **GOAL 2: COMMUNITY SUPPORT AND RESPONSIVENESS:** Enrich lives of Los Angeles County residents by providing enhanced services, and effectively planning and responding to economic, social, and environmental challenges. **Strategic Initiative 4:** Use existing resources to initiate local community-involved discussions to pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County. **Focus Areas:**
 - Expand access to services. Build upon existing service areas and ethnic or culturally-specific relationships and expand partnerships in each service area to improve access to and coordination of primary care, mental health and substance use treatment services.
 - Enhance collaborative care. Develop and publish specific mechanisms to improve referrals, clinical services, care coordination and information sharing functions between all relevant partners.

The MHLA program, by providing access to no-cost primary, preventative, diagnostic, pharmaceutical, emergency, inpatient, substance abuse, mental health and dental services, supports the following goals and initiatives:

- **GOAL 3: INTEGRATED SERVICES DELIVERY:** Maximize opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community, and public safety services. **Strategic Initiative 1:** Launch of Health Care Reform. Support continued transformation of the health delivery system with the goal of improving quality of care, access to care, and patient experience while safeguarding long-term fiscal sustainability of County services.

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

COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): 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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As the MHLA program has only been operational for eighteen months, data regarding the program’s cost effectiveness (for example by avoiding emergency room visits or avoiding long term chronic illness through access to free primary and preventative health care), is still premature.

This data is being collected by DHS annually to analyze utilization, quality of care and cost effectiveness and is reported to the Board of Supervisors at the end of every year. The first annual report for the MHLA program can be found on the MHLA website: http://file.lacounty.gov/dhs/cms1_238009.pdf