



# Camino de Salud Network

Specialty Care Access Project

Managing to Care Better for the Safety Net

---

---

---

---

---

---

---

---

## Specialty Care Access Roundtable Oakland, CA July 30, 2007



Mike Roybal, MD  
Medical Director,  
Comprehensive Care Centers,  
LAC-USC Healthcare Network



Brian Prestwich, MD  
Family Physician,  
Clinica Monsenor Oscar A. Romero

---

---

---

---

---

---

---

---

Los Angeles County Board of Supervisors

Los Angeles County Department of Health Services



LACDHS Public-Private Partnership "PPP"  
Primary Care Homes



LAC-USC Emergency Room  
LAC-USC Diagnostic Services  
LAC-USC Specialty Clinics  
LAC-USC Comprehensive Care Centers

---

---

---

---

---

---

---

---

Camino de Salud  
Specialty Care Access Project:  
Early Observations

- Project overview
- Resources required
- Critical success factors
- Outcomes
- Lessons learned

4

---

---

---

---

---

---

---

---

Specialty Care Access Project at  
LAC+USC: The Challenge

- Overwhelming demand for specialty diagnostics and care, with wait times of 6-12 months
- Many referrals which could be managed within the primary care home
- Lack of formal and informal communication between specialists and primary care home providers
- Fragmented system with inadequate access to specialty diagnostics and care and poor coordination of care within the network

5

---

---

---

---

---

---

---

---

**Professional Foundations**

**“Professional competence can be defined as the habitual and judicious use of communication, knowledge, technical skills, evidence-based decision making, emotions, values and reflection to improve the health of the individual patient and the community.”**

Richard M. Epstein, MD and Edward M. Hundert, MD

---

---

---

---

---

---

---

---

## Professional Foundations: The ACGME Competencies

### The ACGME Outcomes Project:

Patient Care  
Medical Knowledge  
Interpersonal and Communication Skills  
Professionalism  
Practice-Based Learning and Improvement  
Systems-Based Practice

---

---

---

---

---

---

---

---

## Practice-Based Learning and Improvement

- Continuous Performance Improvement
  - Peer Review
  - Utilization Review
  - Learning Collaboratives
- Evidence-Based Medicine
  - Evidence-Based Clinical Guidelines

---

---

---

---

---

---

---

---

## Systems-Based Practice

Systems-Based Practice: Physicians must demonstrate their knowledge of the environmental context and health care systems within which they function. The scope of systems-based practice includes

- Familiarity with financing structures, the organization and capacities of provider entities and delivery systems
- Tools and techniques for controlling costs and allocating resources
- Systems for improving the quality of care
- Familiarity with the roles and contributions of other professionals in caring for individual patients and populations.
- Physicians must use their knowledge of system resources to provide care that is of optimal value.

---

---

---

---

---

---

---

---

An Organizational Foundation for  
Primary Care Home-Based Care

- Cooperation
- Communication
- Coordination
- Collaboration:
  - Clinical Guidelines
  - Clinical Mentoring
  - Patient Care

---

---

---

---

---

---

---

---

**Primary Care Providers as Specialist  
“Extenders”?**

- LAC+USC capacity to provide specialty and advanced diagnostic services is limited relative to demand (6-12 month waits are common).
- Can primary care home clinicians help to reduce the burden on this overburdened system of care by shifting some referrals and specialty care to primary care home “champions”?

---

---

---

---

---

---

---

---

**Specialty Care Access Project :  
The Solution**

Enhanced Access to Specialty Care and  
Diagnostics

- Expand Primary Care Scope of Practice
- Additional, Decentralized Diagnostic Resources
- Streamlined Referral Process with Evidence-Based Clinical Guidelines and primary care home “champions” to enhance utilization review within the primary care home
- Facilitation of Collegial Relationships between Primary and Specialty Care Providers
- Collaborative Camino de Salud Working Group Monthly Community Grand Rounds for network development and utilization review

---

---

---

---

---

---

---

---

## Enhanced Access to Specialty Care and Diagnostics

- Partnering clinics Executive and Medical Directors recruit primary care providers to be "champions" for different specialties.
- "Champions" receive "mini fellowships" in specialty care to enhance clinical skills and develop rapport with specialist colleagues.
- Champions become internal referral resources for each clinic.
  - Most cases are managed within the primary care home, sometimes with specialist chart review or phone consultation
  - Complex cases are referred for formal specialty consultation

13

---

---

---

---

---

---

---

---

## Camino de Salud Network Partners

- COPE Health Solutions
- LAC+USC Healthcare Network
  - LAC+USC Medical Center
  - Hudson, El Monte and Roybal Comprehensive Health Center
- 7 Community Clinic Organizations (17 clinic sites):
  - AltaMed
  - Clinica Msr. Oscar A. Romero
  - JWCH Institute
  - Los Angeles Mission Community Clinic
  - St. John's Well Child & Family Health Center
  - LA Free Clinic
  - QueensCare Clinic

14

---

---

---

---

---

---

---

---

## Rheumatology Implementation: Resources Required

- Project implementation began in April 2007
- 5 participating partner clinics to date
- Identification of a Rheumatology champion at Medical Center
- Identification of Rheumatology Champions at partner community clinics
- Time/resources invested in mini-fellowship program
- Consensus on formularies and diagnostics to be provided through the primary care home

15

---

---

---

---

---

---

---

---

## Critical Success Factors

- Buy-in from physicians and key administrators from clinics and Hospital
- Primary Care Home formularies to support specialty care
- Primary care Home access to diagnostics to complete work-ups prior to initial consultations
- Efficient referral systems
- Efficient information exchange between facilities

16

---

---

---

---

---

---

---

---

## Outcomes

- Training of 5 Rheumatology Champions through Mini-Fellowship program
- Medical Directors, Champions, and Specialists "buying-in" to model
- Increase in clinical confidence between specialists and primary care providers
- Improved primary care provider access to LAC-USC Information System.
- Rolling out LACDHS electronic referral system
- Very efficient professional communication between "champions" and specialists
- Development of streamlined Rheumatology Referral Processes
- 20 patients managed to date at pilot community clinic site
- Reduced number of formal consultation requests documented at 2 sites

17

---

---

---

---

---

---

---

---

## Expected Outcomes

- Increase in quality and appropriateness of specialty referrals (optimal utilization of resources)
- Improved health status of co-managed specialty patients - Health status to be measured through disease-specific clinical evaluations
- Improved patient and provider satisfaction as a result of centralized delivery of care

18

---

---

---

---

---

---

---

---

## Lessons Learned

- Variable timeline for implementation
- Top-down buy-in / support is key for implementation
- Current information systems are not optimal
- HIPAA “concerns” create barriers to improving information sharing
- There is no reimbursement for the increased marginal cost of diagnostics, medications, and provider time dedicated to specialty care within the primary care home

19

---

---

---

---

---

---

---

---

## Contact us

- Mike Roybal, MD  
LAC+USC Healthcare Network  
gmroybal@lacusc.org
- Brian Prestwich, MD,  
Medical Director Specialty Access Project,  
COPE Health Solutions  
bprestwich@copehealthsolutions.org
- Allen Miller,  
CEO, COPE Health Solutions  
amiller@copehealthsolutions.org
- Nicole Ramos, Manager CDSN LAC+USC  
nramos@copehealthsolutions.org

20

---

---

---

---

---

---

---

---

## Improving the Specialty Care Referral Process for Patients served by Santa Clara County's Safety-Net

Jill Evans, MPH  
Joe Sexton, RN, MPA  
Christine Tyler, RN, MPH  
July 30, 2007  
Kaiser Permanente, CAPH, and CPCA  
Specialty Access Roundtable  
Oakland, CA

---

---

---

---

---

---

---

---

### Project Objective

By building on the existing partnerships between community health centers (CHCs), Community Health Partnership (CHP), and Santa Clara Valley Health and Hospital System (SCVHHS), the process for specialty referrals will improve as evidenced by:

- > improved provider satisfaction,
- > an increase in appropriate referrals,
- > less staff time tracking referrals, rework, etc.,
- > improved patient care and satisfaction.

---

---

---

---

---

---

---

---

### Laying the Groundwork

- Referrals to specialty care were made through a central referral center operated by county employees.
- Referring physicians completed paperwork and submitted via mail or fax to the referral center.
- The referral center completed the authorization paperwork and attempted to schedule via telephone or postcard reminders.
- Primary barriers in process included: scheduling delays inherent in a multi-step processes.

---

---

---

---

---

---

---

---

## HCAP Activities

- Implement web-based appointment and referral system to streamline and increase efficiency of referrals between CHCs and SCVHHS.
- Review and update clinical practice referral guidelines to increase the appropriateness of referrals from CHCs to SCVHHS.

---

---

---

---

---

---

---

---

## Approach

- IDX Referral Module was considered but Health Access was ultimately chosen. Health Access was selected because some of our network was already using it, it had a known track record, and had most of what we wanted.
- Kaiser Permanente awarded CHP a grant of \$100,000 for implementation of Safety-Net Chronic Care Quality Improvement Program.
- Community Health Partnership applied for and received a Healthy Communities Access Program (HCAP) grant for \$887,570 to assist in implementation.

---

---

---

---

---

---

---

---

## Resources Required

	CHCs	CHP	SCVHHS
Human	<ul style="list-style-type: none"> <li>-Workflow redesign.</li> <li>-Changes in job descriptions for referral staff.</li> <li>-IT Trained/Competent Staff</li> </ul>	<ul style="list-style-type: none"> <li>- Representation on relevant committees at SCVHHS.</li> <li>- Staffing to implement and facilitate training.</li> <li>- On-going help from SCVHHS IS Dept.</li> </ul>	<ul style="list-style-type: none"> <li>-Project Manager.</li> <li>-IS Staff.</li> <li>-Valley Health Plan Staff.</li> <li>-Ambulatory Staff.</li> <li>-Workflow redesign.</li> <li>-Changes in job descriptions for referral staff.</li> </ul>
Technical	<ul style="list-style-type: none"> <li>-Obtaining computers and scanners and strategic placement.</li> <li>-Connectivity issues resolution.</li> </ul>	<ul style="list-style-type: none"> <li>-Training room development.</li> <li>- Hardware for training: multiple computers and 1 scanner.</li> </ul>	<ul style="list-style-type: none"> <li>-Comfort with Security Issues/Levels.</li> <li>-IT Hardware: Computers and scanners.</li> </ul>

---

---

---

---

---

---

---

---

## Critical Success Factors

- Successful Collaboration between Partners.
- Willingness by all parties to be flexible with implementation dates and other changes that naturally occur.
- Financial, Human, and Technical Resources to implement.
- Open Communication between partners throughout the process.

---

---

---

---

---

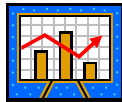
---

---

---

## Outcome Measures & Status Live Date: July 9, 2007

Improved Provider Satisfaction  
Increase in Appropriate Referrals  
Less staff time spent tracking referrals, rework, etc.  
Improved patient satisfaction and patient care



---

---

---

---

---

---

---

---

## Challenges

- The decision to select the Valley Express product was ultimately made by SCVHHS to meet the needs of its infrastructure.
- Product selected didn't completely meet the needs of the clinics.
- HCAP office was eliminated and thus CHP received only one year of funding.
- Technical difficulties related to connectivity and security issues between CHCs and SCVHHS.

---

---

---

---

---

---

---

---

## What Did Work

- Responsiveness to questions from SCVHHS and CHC Providers.
- Collaborative Training Model.
- Interviewing and listening to referral staff who are actually managing the referrals resulted in identifying problems and making suggestions for improvements.
- Openness to changing direction of the project.
- Including CHC staff in Valley Express Authorization Rules workgroup.

---

---

---

---

---

---

---

---

## Issues To Be Resolved

- Not all specialties are included in Valley Express (e.g. mental health) and will be added in Phase II.
- CHCs do not currently have ability to view appointments.
- Access to specialty consults and referral outcomes in an electronic format.
- Patient letters currently produced electronically only in English. Spanish and Vietnamese letters will be added in Phase II.
- Ongoing training regarding referral and clinical practice guidelines is needed.
- Additional hardware still required.

---

---

---

---

---

---

---

---

## Developing a Collaborative Partnership

- Build on previous successes
- Develop and Sustain Trust
- Keep lines of communication clear and open
- Share a common vision
- Understand and communicate mutual benefit
- Patient Care Paramount
- SCVHHS Representation on CHP Board of Directors
- CHC and CHP participate on various SCVHHS Committees and Boards (e.g., UM, QM, PCAC)

---

---

---

---

---

---

---

---

## Questions??

Thank You For Your Attention.

Jill, Joe, & Christine



---

---

---

---

---

---

---

---

# San Francisco eReferral Project

Lisa Pratt, MD, MPH  
SF Community Clinic Consortium

Hal Yee, Jr., MD, PhD  
UCSF/San Francisco General Hospital

Alice Hm Chen, MD, MPH  
UCSF/San Francisco General Hospital

---

---

---

---

---

---

---

---

## Overview

- The Problem: Specialty Access
- One Solution: GI eConsult Pilot
- eReferral Project
  - Background
  - Description
  - Outcomes
  - Success Factors
  - Issues and Challenges

---

---

---

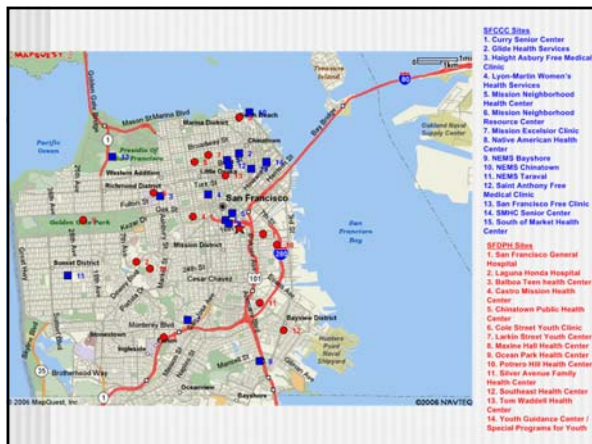
---

---

---

---

---



---

---

---

---

---

---

---

---

## San Francisco Safety Net




---

---

---

---

---

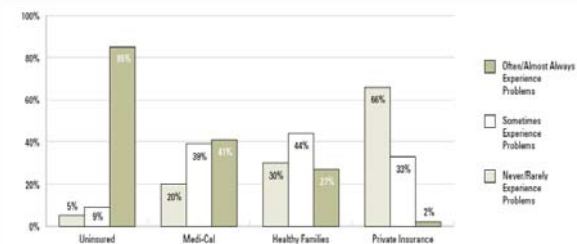
---

---

---

## The Problem: Specialty Access

Figure 1. Percent of Medical Directors Reporting Patients Experiencing Problems Obtaining Specialty Care



Felt-Lisk S, McHugh M. "Examining Access to Specialty Care for California's Uninsured." California Health Care Foundation Issue Brief, May 2004.

---

---

---

---

---

---

---

---

## The Problem: Specialty Access



- Demand >> Supply
- Onerous and unreliable referral system
- Lack of equitable triage
- Poor communication between specialists and primary care providers
- GMC>FHC>CHN>SFCC

---

---

---

---

---

---

---

---

## The Problem: Specialty Access

- Leveraging personal relationships
- Individual advocacy
- Misrepresentation of acuity
- Patient coaching
- Emergency department referral
- The referral process

---

---

---

---

---

---

---

---

## The Problem: Wait Times

Clinic	2/4/05	4/22/05	2/21/06	5/22/06	8/16/06	11/8/06
Chest	55	97	121	129	148	120
Endocrine	59	157	226	231	232	204
Renal	301	223	241	228	310	184
Rheumatology	166	N/A	169	184	141	205
Hand	25	4	21	120	13	69
Ophthalmology	38	N/A	49	N/A	65	56
Optometry	55	101	48	112	121	152
Otolaryngology	14	N/A	N/A	25	5	35
Urology	35	0	70	141	9	58

---

---

---

---

---

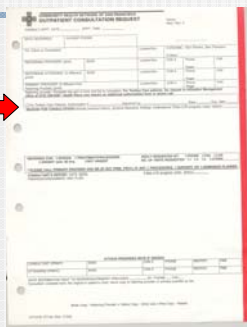
---

---

---

## The Problem: Referral Process

Reason for Consultation →  
 (Include pertinent history,  
 physical laboratory findings,  
 medications)




---

---

---

---

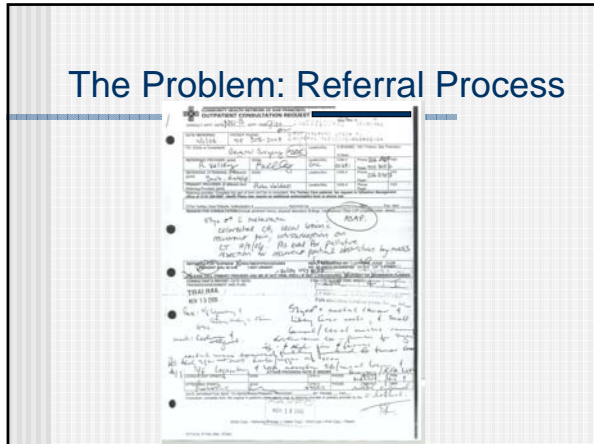
---

---

---

---

## The Problem: Referral Process




---

---

---

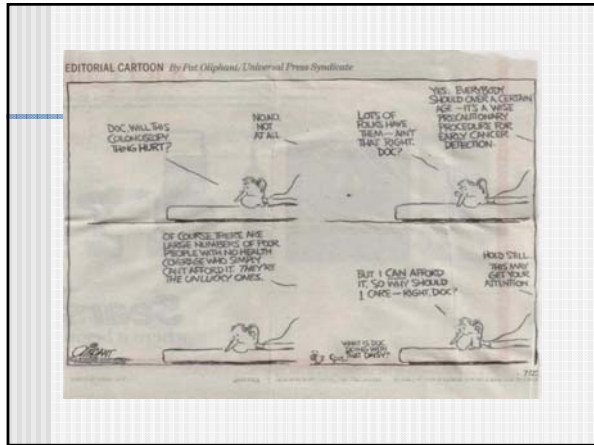
---

---

---

---

---




---

---

---

---

---

---

---

---

## One Solution: GI eConsult

### Initial Concept:

- Use information technology to enhance efficiency and improve communication between specialists and PCPs
- Add clinical intelligence to improve triage of referrals

### Goals:

- Reduce demand ← prevent inappropriate referrals & f/u
- Increase efficiency ← improve process and pre-evaluation
- Enhance timely access ← expedite urgent referrals
- Improve quality ← schedule clear and timely referrals

---

---

---

---

---

---

---

---

## One Solution: GI eConsult

- Initiated by Hal Yee, GI Division Chief
- Program linked to PCP and clinical databases
- Partnered with IT team Bob Brody, Fred Strauss, Kjeld Molvig
- Individual review and response to referrals - *allows for iterative communication*
- HIPAA-compliant web based referral system on DPH secure server
- Extensive outreach to Medical Directors of referring clinics to generate buy-in
- Mandatory electronic submission by PCPs

---

---

---

---

---

---

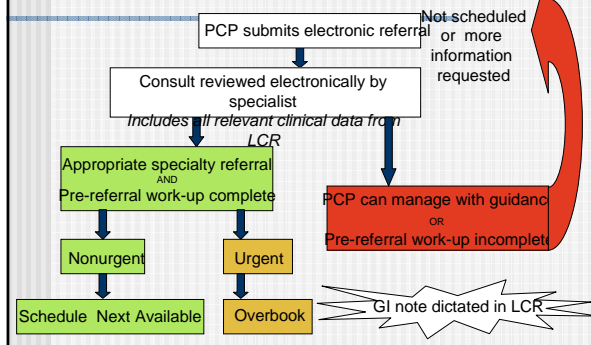
---

---

---

---

## One Solution: GI eConsult




---

---

---

---

---

---

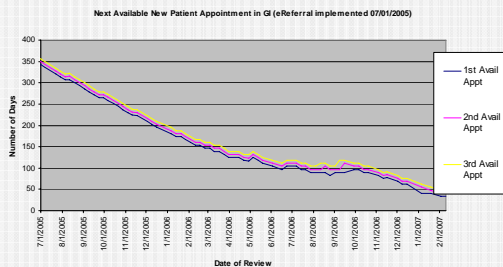
---

---

---

---

## GI eConsult Pilot: Results




---

---

---

---

---

---

---

---

---

---



## SFGH eReferral Timeline

- Phase I: started January 1, 2007  
Cardiology and Pulmonary
- Phase II: started May 14, 2007  
Endocrine and Rheumatology
- Phase III: started July 16, 2007  
Neurosurgery, Orthopedics, Breast Evaluation
- Coming soon...  
6 more surgical clinics, outpatient CT/MRI/US

---

---

---

---

---

---

---

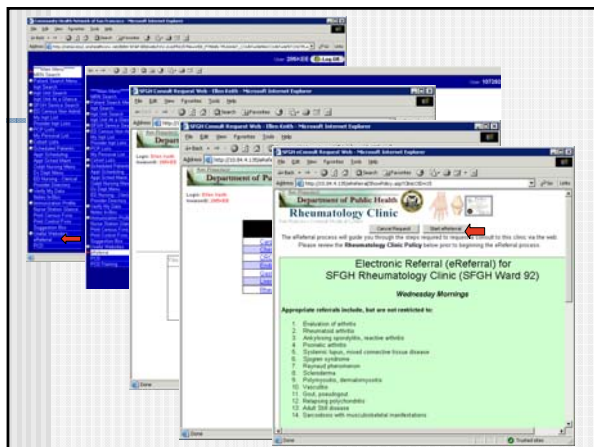
---

---

---

---

---




---

---

---

---

---

---

---

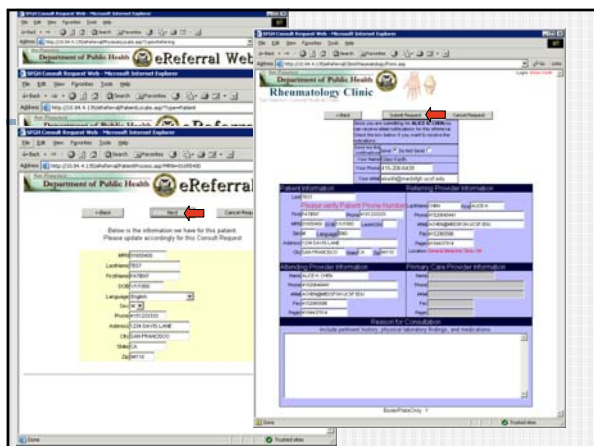
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---



## eReferral January - August

Data for January-August 2007	Jan-Aug	Jan-Aug	Jan-Aug	5/14-Aug	5/14-Aug	7/16-Aug	7/16-Aug
Clinic	GI	Cardiology	Pulmonary	Endo	Rheum	Ortho	NSU
Total eReferrals received (1)	1473	604	295	108	101	323	36
Not initially scheduled (2)	351 (24%)	145 (24%)	70 (24%)	46(43%)	14 (14%)	60 (19%)	14 (39%)
Routinely scheduled	812 (55%)	266 (44%)	142 (48%)	26 (24%)	25 (25%)	207 (64%)	17 (47%)
Overbooked (3)	310 (21%)	193 (32%)	83 (28%)	30 (28%)	62 (61%)	53 (16%)	4 (11%)
Scheduled outside of eReferral	0	-81	-17	-13	-5	unavailable	unavailable

Sources: data query, contact with clinic  
 (1) Does not include discarded/duplicate eReferrals  
 (2) Number/percent of premature or unnecessary appointments that were initially not scheduled  
 (3) Number/percent of scheduled appointments that were expedited, i.e. clinically triaged

---

---

---

---

---

---

---

---

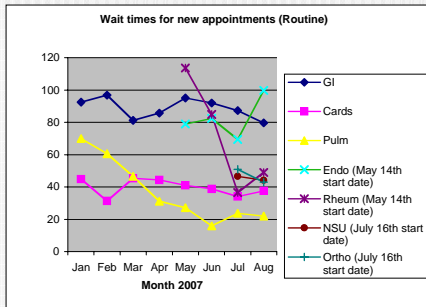
---

---

---

---

## eReferral January - August




---

---

---

---

---

---

---

---

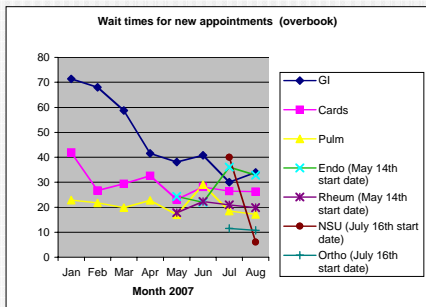
---

---

---

---

## eReferral January - August




---

---

---

---

---

---

---

---

---

---

---

---

## eReferral Feedback: Schedulers

[eReferral] is time saving. I don't have to screen patients anymore. Now, they are screened by the reviewer. Before, this process was really stressful. Before it was like, really, what if I make a mistake here?

It's difficult to have dealt with providers for years, and now when they call I send them elsewhere. It's changed the dynamics of that relationship.

It's more organized now, requests going through one person vs. many.

It's time consuming to go back and forth from LCR to eConsult to update status and back. It would be nice if this was linked.

Definitely more organized. There is one centralized location for appointment requests instead of looking for references in three or four locations.

---

---

---

---

---

---

---

---

## eReferral Feedback: PCPs

Overall, I really like eReferral. I think it has expedited and smoothed out a lot of the wrinkles in referring people for appointments. I feel like less patients fall through the cracks, which is wonderful.

Definitely helps with timeliness and ease of tracking follow up on appointments. I find they often write back w/ suggestions for care that are helpful. Everyone should use e-referral!!

---

---

---

---

---

---

---

---

## eReferral Feedback: Reviewers

The eReferral system has been working smoothly. I think it is a good use of my time. I also think it shows respect for the time of the SFGH patients, medical providers, and administrative staff.

The communication with providers in the community is quite nice. I am able to provide education in a timely fashion, request that patients get important tests before their visits with us, and do so in a cordial, collegial and respectful manner. It feels much more like we are part of a multidisciplinary team taking care of our patients. I believe the time spent to carefully and thoughtfully respond to eReferrals is an important use of my time... makes the visit more effective and efficient.

---

---

---

---

---

---

---

---

## Success Factors

- Successful pilot project
- Financial support for intensive start-up
- **TEAM:** project coordinator, specialty lead, evaluation lead, IT group
- Hospital administration support
- Conceptualized as primary care - specialty partnership with focus on communication

---

---

---

---

---

---

---

---

## Primary - Specialty Compact

- |                                      |  |
|--------------------------------------|--|
| ■ Primary Care                       | ■ Specialty Care   |
| ■ Submit electronically              | ■ Spend time reviewing, responding to referrals            |
| ■ Need to follow up                  | ■ Dictations as part of "closing the loop"                 |
| ■ Referrals never lost               | ■ Able to screen out inappropriate and premature referrals |
| ■ Opportunity for equitable triage   | ■ Able to expedite urgent referrals                        |
| ■ Prompt response                    | ■ Able to pull up all diagnostic testing                   |
| ■ Opportunity for dialogue/education |  |

---

---

---

---

---

---

---

---

## Issues & Challenges

- Dependence on individual reviewers - availability and ongoing support.
- Has surfaced many operational issues - variability in scheduling templates, lack of timely primary care appointments, erroneous patient contact information, and poor IT linkages for off-campus clinics, particularly Consortium clinics.

---

---

---

---

---

---

---

---

