AGN. NO._____

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN **December 19, 2017**

IMPROVING THE CARE EXPERIENCE FOR LOS ANGELES COUNTY PATIENTS

The Los Angeles County (County) Department of Health Services (DHS) has historically served as a reliable healthcare "safety-net" for low income residents of the County. Regardless of insurance status or the ability to pay, residents in need of medical care are welcomed at DHS hospitals and ambulatory clinics. As a result, DHS has often been viewed as the "provider of last resort."

Since the passage of the Affordable Care Act (ACA), there has been a dramatic expansion of health insurance coverage among County residents. The overall uninsurance rate has decreased from approximately 21% to 11%. Coverage expansion offers many important benefits, one of which is that insured patients may have more choice about where they seek care.

While the mission of DHS remains to serve as a "provider of last resort" for low income patients in the County, with a greater proportion of low income patients now having health coverage, there is growing pressure for DHS to establish itself as a "provider of choice" so that insured patients will select DHS as their provider. This changing landscape offers an opportunity for DHS to improve its customer service and enhance the experience of care for all of its patients. Moreover, without such a shift, insured patients may increasingly seek care at private facilities, decreasing the DHS patient base, and along with it the financial resources to fulfill its mission.

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Since the passage of the ACA, DHS has embraced the opportunity to become a "provider of choice." For example, DHS has initiated important new programs to improve cultural sensitivity among its providers, a more expedient specialty referral process, and a greater focus on behavioral health. However, opportunities for improvement remain. According to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey administered to DHS patients, telephone service and access to appointments represent particular opportunities for improvement. This is noteworthy in light of a recent report from the Blue Shield Foundation suggesting that telephone service and accessibility of appointments represent two of the most important factors impacting the experience of care for safety-net patients.

The Blue Shield Foundation, the California Healthcare Foundation, and other entities that focus on improving healthcare for safety-net populations have identified operational best-practices for improving telephone service and appointment accessibility in resource-challenged environments. Even when staffing is limited, these reforms may improve the experience of care by better aligning the availability of services with patient demand. For example, the California Healthcare Foundation has advocated for a scheduling strategy known as "open-access" scheduling, in which clinics aim to promote greater availability of appointments on short notice (i.e., within a week or same-day). Although a shift to greater appointment availability on short notice may necessitate a reduction in appointments scheduled weeks or months in advance, since the "no-show" rate is often high for appointments scheduled at extended intervals, "open-access" scheduling may lead to greater efficiency and higher value for patients. Similarly, certain operational changes that require minimal resources can improve telephone service.

In the private sector, health systems focus heavily on improving measures of telephone service and scheduling efficiency. Many private sector health systems serving safety-net populations aim to have patient phone calls answered, on average, in less than 30 seconds; to have an "abandonment rate" (rate at which patients drop off calls while waiting) of less than 5%; to schedule urgent clinic visits within 24 hours or

less; to schedule routine visits within 7 days or less; and to have a “no-show” rate of less than 15%. A greater focus on these measures might enable DHS to improve its performance with respect to telephone service and appointment availability.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Instruct the Director of the Department of Health Services (DHS) to:

1. Provide a written quarterly report to the Board of Supervisors (Board) listing:
    a) The average "time-to-answer” for telephone calls from DHS patients.
    b) The “abandonment rate” for telephone calls from DHS patients.
    c) The percentage of DHS patients requesting an urgent clinic visit who are scheduled within 24 hours.
    d) The average wait time to schedule routine primary care appointments at DHS clinics.
    e) The average “no-show” rate at DHS clinics.

This information should be made available both in aggregate and at the level of individual DHS facilities.

2. In partnership with the newly established Labor Management Transformation Council, develop an “access and availability” survey analogous to the survey used for the LA Care Health Plan IPA Performance Report Card. This survey should use a similar methodology as the LA Care survey, and should assess “overall access, overall timeliness, and urgent care access with a primary care physician within 48 hours” at DHS ambulatory facilities. DHS should provide a report back within 90 days describing plans for the “access and availability” survey, timelines for rolling out the survey, and proposed frequency of these assessments. The report should include a list of necessary resources for conducting these surveys according to the proposed timelines.
3. Provide a written report to the Board within 90 days with:

a) Proposed strategies for achieving an average “time-to-answer” of less than 30 seconds; an “abandonment rate” of less than 5%; a greater than 90% rate of scheduling patients for urgent visits within 24 hours; an average wait time to schedule routine appointments of fewer than 7 days; and an average “no-show” rate of less than 15%.
b) An estimate of necessary additional resources for achieving the goals listed above.

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