

Building Provider Networks in West LA

A Specialty Care Initiative Case Study

Prepared by the
Center for Community Health
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Introduction

Overview of the Specialty Care Initiative

The Specialty Care Initiative (SCI) supported community coalitions in developing and implementing strategies to address specialty care demand and access in California communities. SCI was jointly funded by the California HealthCare Foundation and the Community Benefit programs in Kaiser Permanente's Northern and Southern California Regions. In 2008, after one year of planning support, 24 coalitions were granted additional funds to implement strategies that increase access to priority specialty areas. Major activities fell within four strategy clusters:

- Embedding guidelines into the referral process,
- Building/expanding specialty care networks,
- Increasing primary care provider (PCP) capacity/scope of practice, and
- Integrating care coordination.

The Center for Community Health and Evaluation in Seattle, Washington conducted the statewide evaluation of SCI, including case studies of the four strategy clusters to highlight areas of progress and lessons learned.

Overview of the Case Study

Activities within the Building/Expanding Specialty Care Networks (Building Networks) strategy cluster aimed at increasing the number of specialty care appointments available to safety net patients. Specific strategies included: recruiting specialists to see underinsured and uninsured patients, using mid-level providers in specialty practices, and implementing telemedicine. Volunteer models were key components of this strategy and involved engaging specialists—both individually and institutionally—in efforts to increase the availability of specialty care.

This case study highlights the work of one SCI coalition to expand specialty care networks. The Westside/South Bay Specialty Care Coalition (Westside/South Bay) in Los Angeles County focused on: 1) expanding an existing volunteer model to share resources with partner clinics; 2) implementing and spreading a Surgery Day model in partnership with Kaiser Permanente; and 3) improving communication and processes with specialty clinics at a public hospital.

Westside/South Bay’s work demonstrates progress and illustrates lessons learned across SCI statewide with regard to building specialty care networks. This case study highlights factors contributing to Westside/South Bay’s success, describes challenges they encountered, and offers considerations for implementing a volunteer model.

Efforts in this strategy cluster are closely related to activities implemented as part of the other strategy cluster areas; those interested in understanding the breadth of approaches to address specialty care access for the safety net population are encouraged to review all four case studies.

Background and context

The Safety Net System of Los Angeles County

The Los Angeles (LA) County safety net system is a diverse framework of county-run and community-based, privately operated primary and acute care services. The LA County Department of Health Services (DHS) operates four public hospitals, six comprehensive health centers, and multiple primary care health centers throughout the county. Additionally, LA County DHS contracts with more than 65 private primary care clinic organizations—referred to as community partner clinics—for the provision of primary and preventive care services. While these resources from both county and the community partner clinics construct a vast safety net structure, the majority of specialty care for safety net patients is provided through the county DHS system. Specialty care access is heavily impacted by the constrained resources in LA County, creating extremely long wait times.

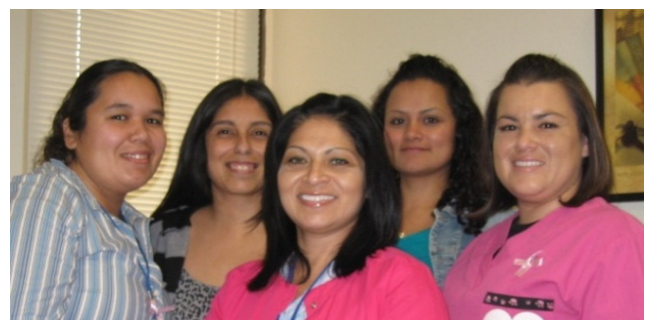
Westside/South Bay’s efforts were led by Venice Family Clinic (VFC) and targeted low-income residents in west LA County. Patients requiring specialty care services were primarily referred to Harbor-UCLA Medical Center, the nearest county public hospital, which is affiliated with the University of California, Los Angeles (Harbor-UCLA).

Snapshot: Westside/South Bay Specialty Care Coalition

Lead agency: Venice Family Clinic

Targeted specialties: cardiology, general surgery

The Westside/South Bay coalition included key health care organizations in West Los Angeles. Coalition members primarily held leadership positions in their organizations and met quarterly to provide high level advice and feedback on SCI activities. Although some of the organizations had a history of collaborating, the coalition as an entity did not exist prior to SCI. Westside/South Bay also convened a second committee that filled a more operational role. It met monthly and consisted of referral and care coordinators from the various coalition clinic sites and Harbor-UCLA Medical Center. Coalition activities were coordinated by a dedicated staff person at VFC.



At the onset of SCI, the three Westside/South Bay primary care partners had varying internal capacity to respond to patients' specialty care needs, as described below.

- South Bay Family Health Center: Partnered with Little Company of Mary for some specialty services, but most specialty referrals are sent to Harbor-UCLA.
- Venice Family Clinic: The main specialty care providers are VFC's volunteer network (described on page 4) and Harbor-UCLA. Approximately half of its specialty referrals were handled through its volunteer model. Most patients that required procedures were referred to Harbor-UCLA.
- Westside Family Health Center: All patients with specialty care needs were referred to Harbor-UCLA.



Venice Family Clinic

Includes 9 clinic sites

In 2010:

- Saw 24,413 patients
- 80,290 primary care visits
- 8550 specialty care visits
- Physicians on staff: <30
- Volunteer physicians (all types): 514 (approximately 25% are specialists)

Venice Family Clinic (VFC) is well-known for providing quality health services to populations in need through a robust volunteer model. Founded in 1970, it has a long history of volunteerism, which has been integrated into the culture of the organization. There is high leadership involvement in the model as well as internal infrastructure in place to recruit and support volunteer physicians, including clinic space, systems for scheduling patients, and a full-time volunteer coordinator. In addition, VFC has long-standing partnerships with private hospitals in the area, particularly UCLA Medical School.



Westside/South Bay's Key SCI Network Building Activities

- **Expand VFC's volunteer model to share resources with partner clinics.** The coalition worked to spread VFC's volunteer model and open up excess capacity with current volunteers to patients at partner clinics.
- **Implement Surgery Days in partnership with local Kaiser Permanente volunteers.** Westside/South Bay implemented two models of surgery days within the coalition to open up access to hernia, gall bladder and cataract procedures. VFC & Westside's model with Kaiser Permanente-West LA involves a quarterly Saturday surgery clinic staffed by Kaiser Permanente volunteers. In South Bay's model with Kaiser Permanente-Harbor City, surgery day patients are integrated into the clinic schedule on one day each year. Both models require intensive care coordination. Fifty-seven Westside/South Bay patients have received procedures through a Kaiser Surgery Day to date.
- **Improving communication & processes with the Harbor-UCLA cardiology department.** COPE Health Solutions was a member of Westside/South Bay and opened up its cardiology champion program to clinics in the coalition. The program linked PCPs to a cardiologist for training, shadowing and ongoing consultation and case review. Through the process, they created a pre-referral screening process, which helped to "fast track" cases that required further referrals to the cardiologist, bypassing the county's standard review process. Westside/South Bay initiated approximately 20 cardiology referrals per month to Harbor-UCLA.

Lessons from the work to date

Westside/South Bay took a two-pronged approach to expanding specialty care networks: 1) maximizing partnerships with *individuals* through expanding and spreading VFC's existing volunteer model, and 2) establishing processes and systems with *organizations* for the provision of specialty care services. Effectively targeting and managing both individual and organizational partnerships was essential for securing additional specialty care resources and sustaining those networks over time. Westside/South Bay's experience offers lessons and considerations for other organizations involved in similar work.

"You have to start institutionally when you want numbers. You have to create those relationships with institutions, so you can partner. But you don't want to duplicate. You have to personalize your approach....You have to do both-the big picture with institutions and having that culture within your organization to appreciate the individuals."

Tips for recruiting and retaining volunteer specialists

- ✓ **Diversify ongoing recruiting efforts.** Reach out to specialists through multiple venues (i.e., hospitals, existing volunteers, board members, professional association).
- ✓ **Personalize the approach.** Know what motivates specialists to provide uncompensated care and tailor recruitment efforts accordingly.
- ✓ **Make signing up to volunteer as easy as possible.** Establish a volunteer friendly application process (VFC's application is online) and quickly be in touch with applicants. Be clear about what you are asking them to provide and what you are offering.
- ✓ **Be flexible.** Accommodate providers in terms of the level of their commitment, where they see patients, and the types of patients they are willing to see (e.g., diagnoses, procedures).
- ✓ **Make it seamless for volunteers to provide services.** Provide trained support staff, standardized treatment rooms and the necessary equipment for providers to accomplish what they committed to doing. Have the logistical, contractual, and legal requirements predetermined.
- ✓ **Establish efficient systems to connect patients with volunteer specialists.** Manage the schedule and coordinate care to ensure patients are ready for their specialty visit (VFC's staff fulfill this role).
- ✓ **Cultivate a culture of appreciation within your organization.** Make efforts to help volunteers feel like part of the team. Tell/show volunteers often that you appreciate their efforts. Even small gestures of thanks make volunteers feel valued and important.

Individual relationships

Focus on building relationships with specialists. Successful efforts focused initially on engaging specialists in a dialogue, not just requesting donated services. Westside/South Bay was able to leverage the relationship between one coalition member and a cardiologist at LA County DHS to facilitate communication between primary care providers and the specialist. Leveraging and building on existing relationships and creating opportunities for introductions and information sharing allowed providers to better understand the system and realities on each side of the referral relationship and created momentum and urgency around identifying solutions.

Develop processes to recruit and retain individual volunteer specialists. VFC's internal volunteer model is primarily based on building and sustaining relationships with individual providers. It has invested heavily in volunteer recruitment and retention and has a Volunteer Department Manager and a Volunteer Coordinator responsible for ensuring that volunteers' needs are met (see box at left).

Identify physician champions to help access resources and opportunities. A key success in Westside/South Bay's efforts to expand specialty care access was the implementation of "surgery days" in partnership with Kaiser Permanente. Working with a dedicated physician champion at Kaiser Permanente allowed the coalition to leverage an existing relationship into a successful program that met the needs of the coalition and Kaiser Permanente. A specialist champion can also assist in promoting the event to other physicians and medical staff, by clearly articulating responsibilities and expectations.

"It's all about relationships, about looking at potential community partners. We've had a long standing relationship with [Kaiser Permanente] West LA, but never had a working collaboration."

Establish infrastructure and culture to support volunteers. VFC documented its processes for recruiting and utilizing volunteer specialists in an effort to spread its model to other coalition clinics. The coalition highlighted a number of challenges for replication of the VFC model, including:

- **Clinic space:** When volunteer services are offered at the primary care clinic, volunteers need to have access to exam rooms to see patients. VFC has a large clinic and has scheduled volunteers to ensure adequate space; other coalition clinics had space constraints and did not have available rooms for the volunteers to use.
- **Capacity to support and coordinate volunteers:** Managing a volunteer network requires centralized coordination. VFC has dedicated staff and infrastructure in place to manage and support its volunteer model. At many other clinics, such activities would have to be performed by staff members with competing demands on their time.
- **Liability/malpractice coverage:** Before engaging volunteer providers, clinics must resolve liability and malpractice issues, including whether volunteers will be covered by the clinic's plan or by their own plans. An important benefit of VFC's partnership with UCLA is that all of VFC's providers, both staff and volunteer, are covered by UCLA's malpractice insurance. Other SCI coalitions without a similar existing relationship have resolved these issues, but they required attention before beginning recruitment efforts.
- **Organizational culture:** To retain volunteers, organizations need to create a culture of appreciation for volunteers, to make them feel welcome and a part of the team. Since VFC was founded as a free clinic, run by volunteers, the organization operates within a culture of volunteerism. It has spent a number of decades building processes and capacity around volunteers and has a reputation for having a robust volunteer network. Clinics trying to replicate this model have to intentionally build this into the culture of their organization.

Organizational relationships

Identify and develop strategic partnerships with health care organizations that provide specialty care services to the safety net. An initial step to developing organizational relationships for expanding access to specialty care is to assess which organizations are already providing specialty care services in the community. Westside/South Bay determined that a significant amount of specialty care was being provided by VFC's volunteer model (at the primary care clinic), and explored ways to open excess capacity to partnering primary care clinics. This approach encountered challenges such as limited excess capacity for other clinics' patients and difficulties in coordinating care between organizations (e.g., managing no-show rates, information transfer, and ensuring that patients return to their medical home).

Westside/South Bay piloted sharing resources for a few specialty areas. For example, VFC opened slots for cardiology consultations to patients at Westside Family Health Center (Westside), and VFC supplied space to a Westside provider to conduct retinal screening for Westside's patients; in return, if the provider had open appointments, he would see VFC patients.

Formalize and institutionalize individual relationships for spread and sustainability.

Relationship building takes time. While important, processes relying on building trust with one individual for access to an organization or system can be challenged by organizational changes and turnover. Formalizing relationships by integrating the process or program into the operations of the organization as a whole with leadership buy in and support can help spread a successful model to other specialty areas and prevent completely losing a resource with the departure of a champion. While the surgery day model has spread to other Kaiser Permanente sites, the improvements in the relationship with LA County DHS are largely centralized in the cardiology department.

Develop standardized systems for information exchange. Successful specialty care networks have systems that allow for easy exchange of health information of both sides of the referral process. As part of the grant, Westside/South Bay placed one care coordinator at each of the primary care clinics and a referral coordinator at Harbor-UCLA to manage the flow of information and ensure the appropriate documentation was included in referrals. The referral coordinator at Harbor-UCLA allowed the coalition to "fast-track" appropriate referrals to the cardiology champion.

Integrate effective internal and external care coordination. Westside/South Bay's care coordinators prepare and assist patients as they move among various sites and organizations to obtain specialty care services and ensure their return back to the medical home.

Comprehensive care coordination was an essential component of partnering with Kaiser Permanente on surgery days. In addition, Westside/South Bay established processes for VFC and Westside to share specialty resources with each other, so care must be coordinated between the two primary care clinics.

Results

Physicians and staff working on both projects highlighted several areas of impact on patient care based on their observations and experiences.

Increased access to timely specialty care. Through surgery days and expedited processes in the cardiology department at LA County DHS, patients are receiving care more quickly than through previous referral processes.

“Patients are often waiting a long time at county to get the procedures done; one patient had had hernia for 20 years. So it’s definitely impacting [access] when you can help a patient ... get the care they need.”

“The cardiology model has really had a profound effect on the health outcomes of the patients in our clinics. We have one champion who is very involved and calls [the specialist champion] a couple times a week for consult. We’ve had some very dramatic cases where... [the cardiologist] advises [the PCP] to call 911 and the patient ends up having an invasive procedure. I think cardiology is where it is really easy to see because it really is life or death.”

More appropriate referrals to specialty care and improved demand management for specialty care services. Through building relationships and lines of communication with specialists, primary care providers reported increased expertise and improved referral patterns.

“We’ve built more expertise in-house through having a closer relationship with specialty care. We [now can] manage more in-house and feel comfortable and we know when we should make a referral and when we can handle it ourselves.”

Improved referral coordination. Connecting and convening the care coordinators from each of the clinics has provided opportunities for peer learning and problem-solving, which has resulted in improved referral practices.

Spread of successful, sustainable models and strategies. The success of Westside/South Bay has helped Kaiser Permanente fulfill its commitment to spread its surgery day model to other sites in LA County.

“We were the first LA County surgery day and [now] Kaiser is having surgery days in other places. South Bay is having their second one soon. Kaiser regional is interested in doing things like this and it can be a role model so it helps access spread.”

Formalized relationships. Coalition members reported increased communication, understanding, and trust between the primary care clinics and LA County DHS.

“We’ve also gotten to know people at the county system, which never happened before this grant. It has given us the time and energy to meet and share ideas. What happens now is that instead of making a call into a vacuum, we’re calling a doctor we know.”

Sustainability and next steps

Although Westside/South Bay has worked to document and standardize many of their efforts, there are some challenges remaining that may influence the sustainability of its specialty networks. Westside/South Bay continues to look for solutions to these challenges.

Continuing to explore ways to share VFC's expertise and volunteer resources with other clinics. VFC is working on fully documenting its approach and process to building and maintaining a robust volunteer model. Although there are identified challenges to spread and replication within the coalition, the coalition clinics remain interested in exploring other ways to spread components of the model and excess volunteer resources beyond VFC.

Lack of reimbursement for care coordination. The expanded systems and processes Westside/South Bay currently have in place demand intensive care coordination by dedicated staff, which often is not reimbursable. In particular, the surgery day model requires a central person to manage the referrals from multiple primary care clinics and liaison with Kaiser Permanente. Currently, the Specialty Care Program Manager at VFC fills this role as part of the grant and questions remain about sustaining that position once the grant period is over. It is possible that the implementation of national health care reform will provide incentives for this work by creating a reimbursement mechanism for care coordination, but there continue to be questions about how that will be structured and how to sustain these activities in the interim.

Expanding the LA County DHS cardiology model to other specialty areas. Westside/South Bay's efforts to institutionalize its relationship with the DHS cardiologist and spread its program to other specialties have been challenged by specialists being overburdened and by a lack of leadership support at the county level. However, LA County DHS has recently undergone significant leadership changes, generating a lot of energy around specialty care access and an interest in institutionalizing and replicating existing promising practices in the county.

Continuing to replicate Surgery Days with other clinic and hospital organizations. Westside/South Bay has successfully spread the surgery day model within their coalition in partnership with Kaiser Permanente. The model has also been used as an outreach tool to engage other hospital organizations in discussion. Continuing to build on the experience and act as a resource to other clinics may help to further spread the model.

VFC was able to build on existing systems, processes, and relationships to expand its specialty care networks. Coalitions or organizations beginning this work need to consider several things before pursuing this model:

1. How can you create an organizational culture to support volunteers?
2. What infrastructure and processes are needed to manage a volunteer network? Do you have the capacity to set up and maintain such an infrastructure?
3. How will you provide the necessary care coordination to support seamless referrals and transfer of patients?
4. What existing relationships do you have (or does your coalition have) that could be leveraged for this work?
5. How will you approach volunteer recruitment? (e.g., Who will do the recruiting? What individuals or institutions will you reach out to?)

For more information about other work that was conducted as part of the Building/Expanding Specialty Care Networks cluster or SCI as a whole, please see the full initiative evaluation report from October 2011.