

Population Health Management in the Safety Net

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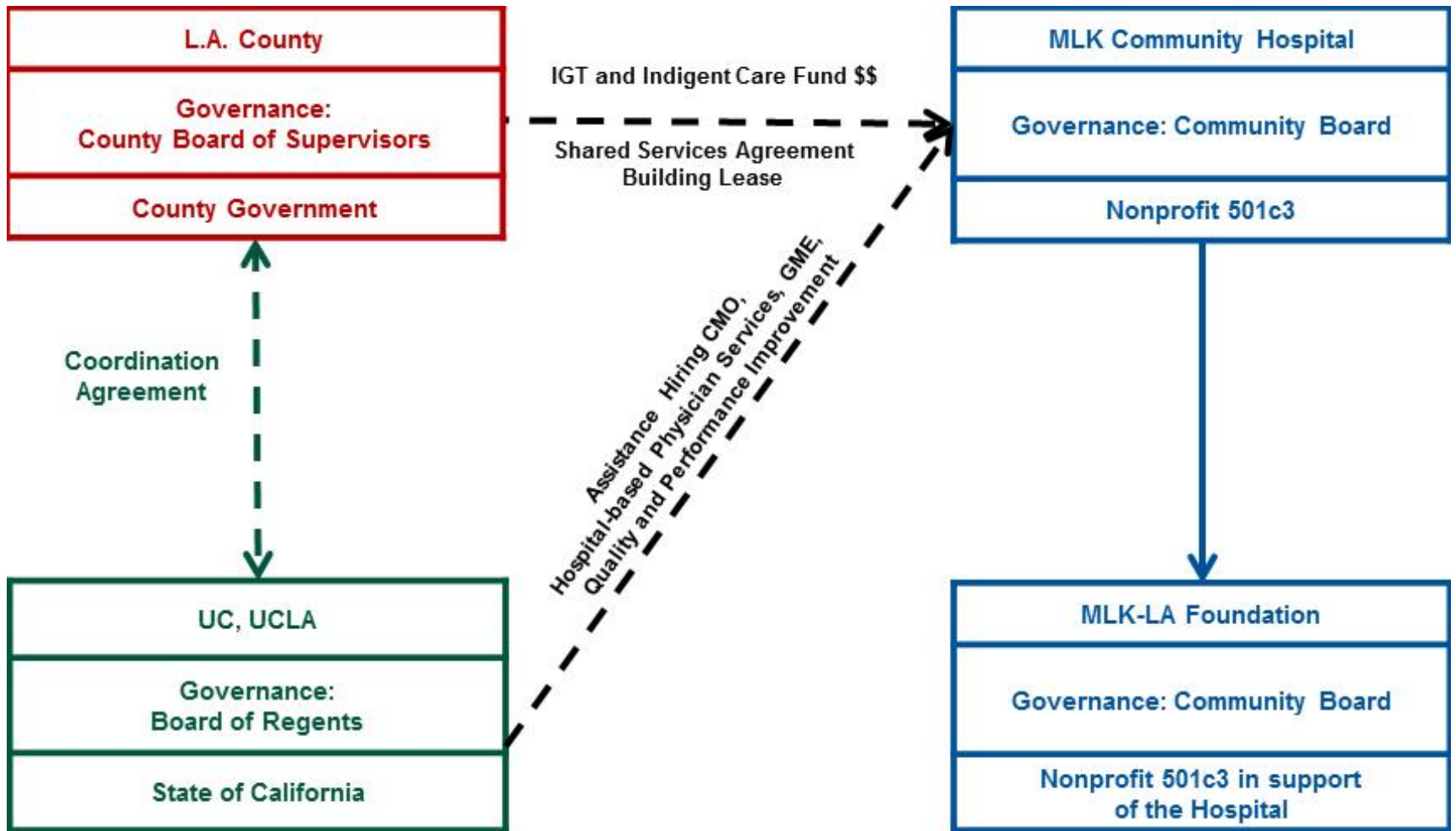
November 5, 2013



Agenda

- Overview of Martin Luther King, Jr. Community Hospital
- Population Health Management at a New Safety Net Hospital

The New Martin Luther King, Jr. Community Hospital Public-Private Partnership



The New Martin Luther King, Jr. Community Hospital

Vision

To be a leading model of innovative, collaborative community healthcare.

Mission

To provide compassionate, collaborative, quality care and improve the health of our community.

The New Martin Luther King, Jr. Community Hospital

- Designed to serve the community – Medi-Cal, Medicare, insured and uninsured
- State-of-the-art technology infrastructure
 - Open with electronic health record system
 - Use telemedicine to expand access to high-quality specialty care services
 - Use patient interactive systems to educate and engage patients
- Working with UCLA to develop quality programs and graduate medical education
- Working with County Department of Health Services and community partners to improve population health and expand access and coordination with outpatient services

Overview of MLK Hospital Community

- **Population** 1.2 million residents
- **Socioeconomic** 67% of household incomes less than \$50,000
- **Payer Mix** Predominately Medicaid; 14% Medicare
- **Health Status** Significant Health Disparities
- **Access to Healthcare**
 - Federally Qualified Health Centers (“FQHCs”)
 - County multispecialty outpatient center on MLK campus
 - Private providers and IPAs
 - Physician shortages across all medical and surgical specialties
 - High need for adult medicine providers
 - Lack of organized managed care medical groups

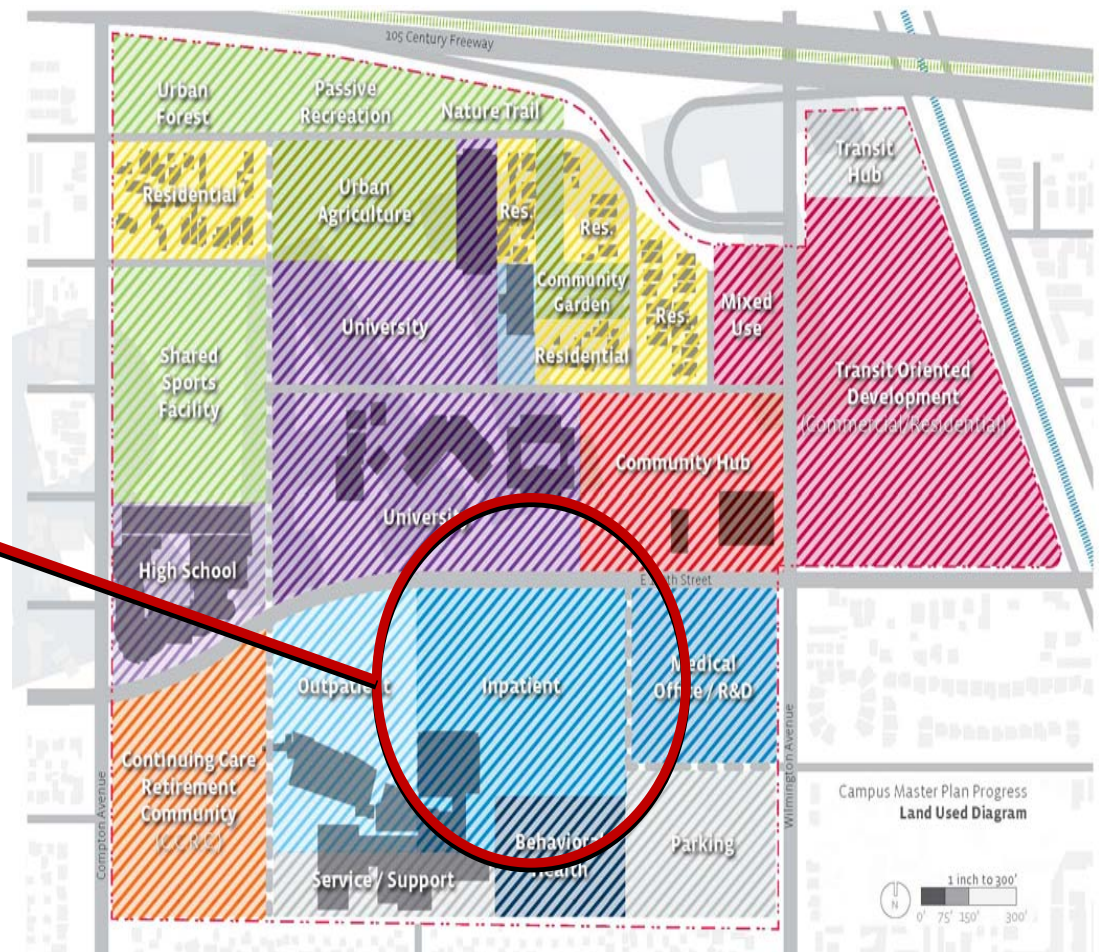
The New Martin Luther King, Jr. Community Hospital

Licensed Bed Type	Total
Medical/Surgical	93
Intensive Care	20
Obstetrics	18
Total Licensed Beds	131
Other	Total
Nursery - Bassinets	11
Emergency Department Stations	21
Fast Track Stations	8
Operating Rooms	3
C-Section Rooms (dedicated)	2
Post-Anesthesia Care Unit	12

Projected Inpatient Volume ⁽¹⁾	
Average Daily Census	100+
OB/Deliveries	1,400+
Emergency Department Visits (Inpatient and Outpatient)	35,500+
Inpatient Surgeries	2,000+

⁽¹⁾ Reflects projected patient volume during the Hospital's first full year of operation.

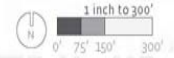
The MLK Campus Master Plan was approved by the Los Angeles County Board of Supervisors on January 21, 2013



Future site of Martin Luther King, Jr. Community Hospital

- Legend**
- Study Area
 - Outpatient
 - Inpatient
 - Medical Office Building
 - Behavioral Health
 - Higher Education
 - K-12 Education
 - Existing Residential
 - C.C.R.C.
 - Mixed Use
 - Community
 - Urban Agriculture
 - Transit/Service
 - Open Space
 - Utility- Water Company

Campus Master Plan Progress Land Used Diagram



Martin Luther King, Jr. Community Hospital

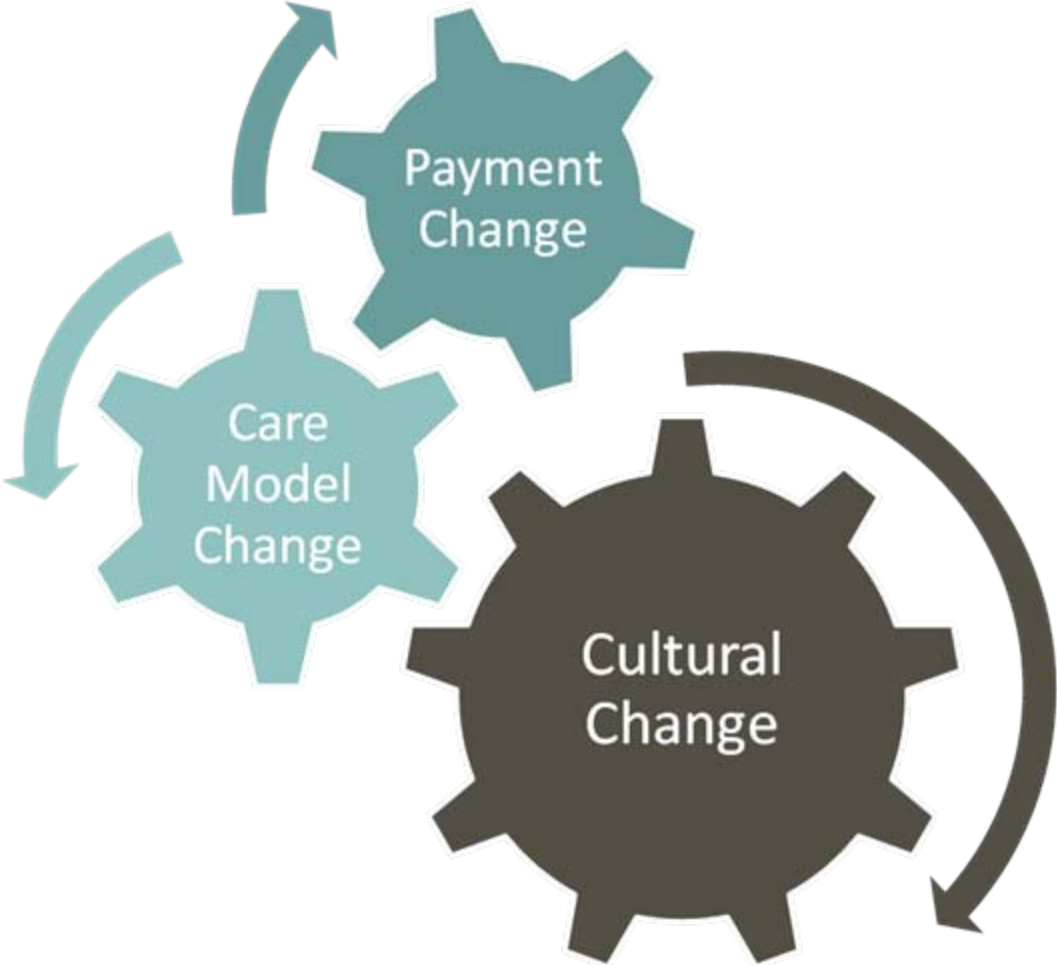
Where We Are Today

- The County is completing construction of the new facility
- Once construction is finished, MLKCH will
 - Install new equipment and information technology
 - Test equipment and the IT system
 - Stock the facility
 - Hire and train 800+ Hospital staff
 - Develop the Hospital's Medical Staff
 - Develop the Hospital's quality and patient safety programs
 - Obtain licensures, certifications, and accreditations

Healthcare Reform is Motivating Change

- Payers at all levels
 - Pushing hospitals to “bend the cost curve”
 - Promoting improvement efforts through
 - Clinical integration (ACOs)
 - Redesigned payments that drive quality & efficiency
 - Patient centered medical homes
 - Narrow networks
- Hospitals transforming from heads in beds to population health management

Getting the Gears of Change Aligned





Payment
Change

Implications for Safety Net Providers

Payment system not fully aligned to incentivize coordinated population health management

- Volume and cost-based reimbursement for community clinics
- FFS reimbursement for hospitals
- Capitation for physicians in managed care
- Insufficient reimbursement for primary care
- Insufficient performance incentives

Medicaid expansion is an opportunity to move more into managed systems of care



Implications for Safety Net Providers

- Insufficient primary care medical homes, specialty care, home health care, DME, and care management resources
- Gaps in coordination between providers
- Absence of shared data, care protocols and decision support tools
- Lack of performance improvement resources
- Patients have significant social barriers to care



Implications for Safety Net Providers

Infrastructure enhancements require substantial capital

- IT infrastructure to support effective health information management, data analytics and quality reporting
- 24/7 Access to care
- Care management resources
- Transportation to and from doctor appointments
- Integration of social and behavioral health services
- Patient education

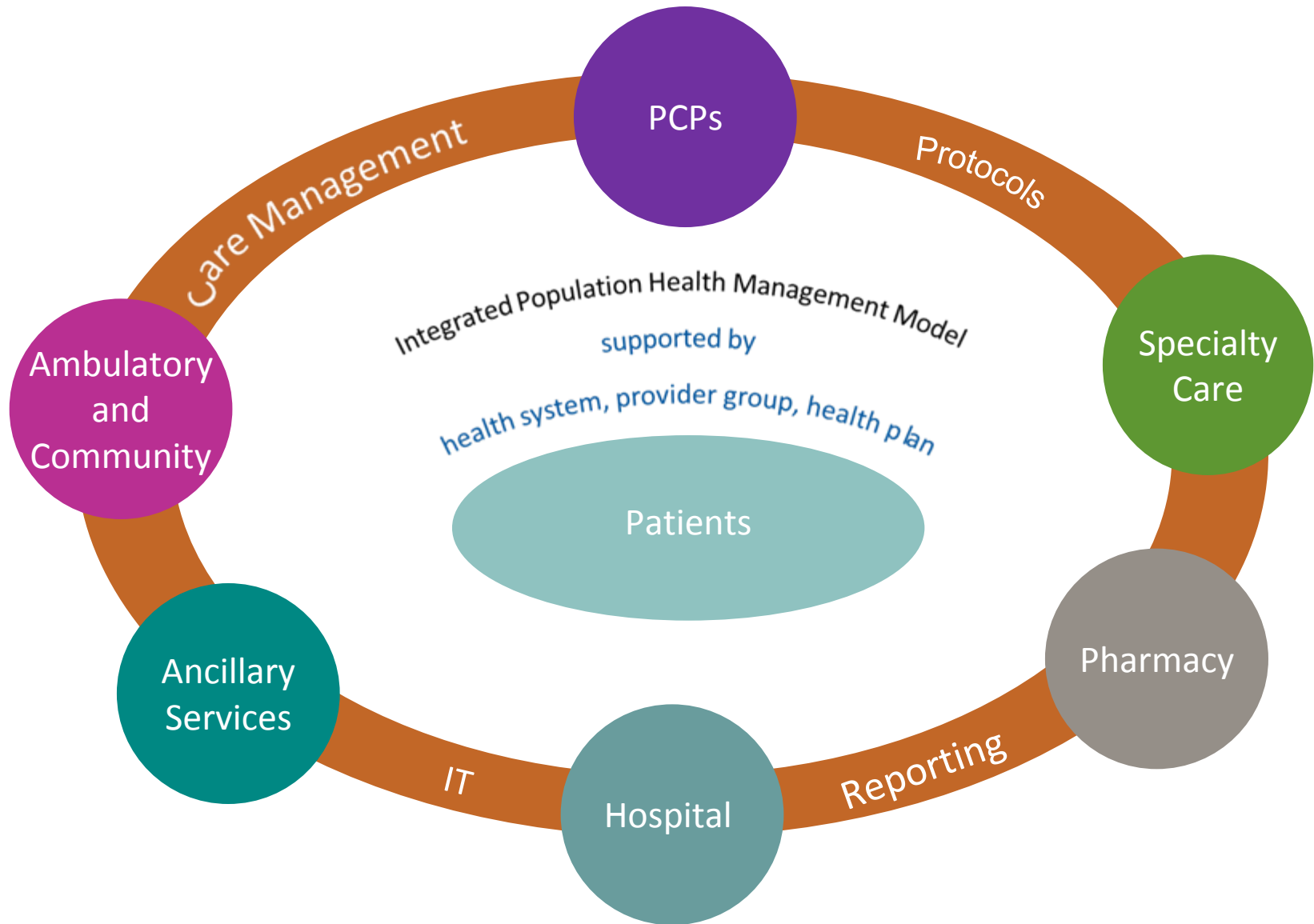


Implications for Safety Net Providers

Partnerships across the continuum of care are essential

- Need to move past go-it-alone/competitive approach
- Need to expand physician capacity and strengthen collaboration
- Need to develop shared resources

Alignment for Population Health Management



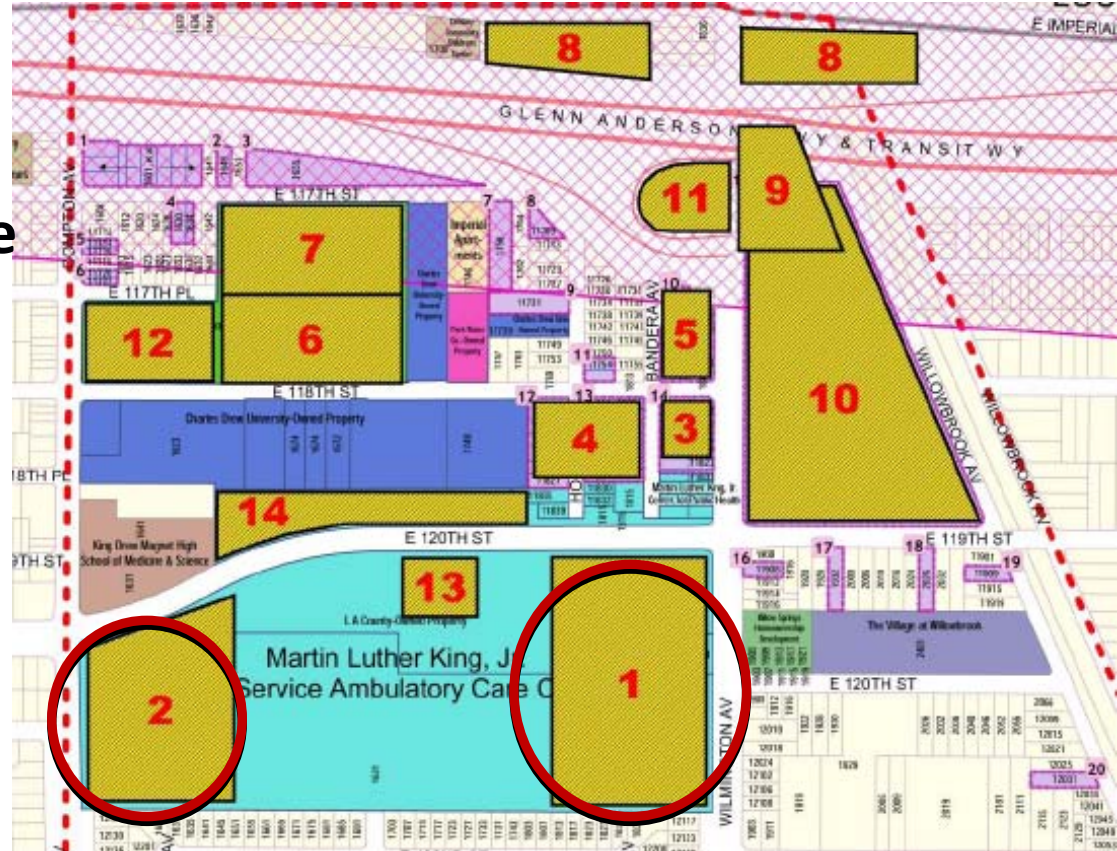
Initiatives Needed to Develop Population Health Management Capacity

Initiatives in our community

- Southside Coalition of Community Health Centers (“SSC”) completed a care coordination needs assessment and will develop shared care coordination resources
- SSC partnering with St. Francis Medical Center to implement a care coordination pilot program
 - Focus on reducing unnecessary ED utilization and avoidable hospital admissions through use of patient care navigators and data information exchange
- Community Health Centers and small practices working on PCMH transformation

The Campus Master Plan Positions MLKCH to be an Innovative Provider of Coordinated Care

- Innovation center
- Medical office/ clinic/ urgent care/behavioral and mental health space
- Homeless recuperative care
- Assisted living
- Skilled nursing facility
- Rehabilitative care
- Senior housing



MLK Developing a Strategy to Manage Population Health



Building a Primary Care Network

- FQHCs and Community-based Clinics
- MACC
- MLK-Affiliated Medical Groups

Developing a Network with Pre-Post Acute Providers

- Home Visits
- Sub-Acute Care Providers
- Health Information Exchange between Clinics and Hospital

Care Coordination

- High Risk Clinic to Prevent Avoidable Admissions
- Post-Discharge Transition Clinic to Prevent Readmissions
- Multi-Disciplinary Transition Teams

MLK Developing a Strategy to Manage Population Health



Alignment of Payment Incentives

- **CMMI Application for Innovative Payment Model to Support Outpatient care for High Acuity/High Risk Patients**

Prevention, Education, and Wellness

- **Remote Monitoring for High-Risk Patient Populations**
- **Smart Phone Apps for Disease Management and Health Promotion**
- **Peer Support Groups to Improve Disease Self-Management**
- **Learning Center to Provide Community Health Education**

Contact Information

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