

Medicaid Health Plan Community Partnership Series

L.A. Care: Family Resource Centers and Strengthening the Safety Net

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Medicaid Health Plan Community Partnership Series

As state Medicaid programs are increasingly shifting beneficiaries into managed care organizations (MCOs), some MCOs are expanding their traditional role to better meet the needs of their vulnerable members and communities. This case study is one of a series that describes how select MCOs are addressing myriad barriers and changing the way care is delivered through community engagement and partnerships. The purpose was to identify examples of successful or promising approaches, internal and state policy drivers that motivated the MCOs, challenges they faced, and lessons learned. A Synthesis Report summarizing strategies, lessons for other MCOs serving vulnerable populations, key “ingredients” for successful MCO-community partnerships, and policy implications for state policymakers from the four case studies in this series will be available at

<http://www.commonwealthfund.org/Publications/Issue-Briefs/2013/Apr/Forging-Community-Partnerships-to-Improve-Care.aspx?omnicid=20>.

Abstract

L.A. Care Health Plan (L.A. Care), a public entity health plan that serves Los Angeles County, conducts a variety of activities to support the health care safety net and engage with the communities it serves. These include establishing Family Resource Centers that are open to the general public and provide a variety of health education and health promotion activities as well as links to other health and social services in underserved areas. L.A. Care also provides grants to expand medical and dental care capacity in the safety net and engages in a number of efforts to build safety net health information technology infrastructure and access to specialty care.

Background and Drivers

L.A. Care is a public entity with over 1.1 million members in Los Angeles County. L.A. Care was established in Los Angeles County by the State of California in 1997 as the “local initiative” in a two-plan managed care model. Under this model, enrollees in public coverage programs choose between a commercial plan and a local public option.

As a public entity, L.A. Care is governed by a stakeholder board including Medicaid beneficiaries, which drives the plan's community benefit activities and focus.¹ L.A. Care serves people enrolled in public coverage programs including Medi-Cal, L.A. Care's Healthy Kids, In-Home Supportive Services (IHSS) Workers Healthcare Program, and a Medicare Advantage Special Needs Plan. L.A. Care's network includes about 10,000 providers.

L.A. Care's mission is "to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose."² Safety net support and community engagement are strong themes in the organization's stated values, which include accountability to the communities it serves, member empowerment, involvement in community efforts to improve the lives of vulnerable low-income people, cultural competence, and strong relationships with providers and the safety net. L.A. Care Health Plan established a Community Health Investment Fund (described further below) in 2001 to improve the health of the communities it serves, regardless of health plan membership. For example, the plan has funded dental clinic expansions to help address an increased demand for dental care in L.A. County, building safety net capacity for non-members as well as L.A. Care enrollees.

Some of its community engagement activities bring benefits to the plan as well, including greater visibility that may help attract and retain members. Investments in building relationships with community providers and other organizations could help position the plan as Medicaid expands under national health reform. Also the grants to dental and other community providers strengthen L.A. Care's own network in addition to serving the public good.

This case study describes ways that L.A. Care engages in the community through Family Resource Centers and through grants to strengthen the local safety net. These initiatives involve establishing a strong presence and partnerships in the community.

Family Resource Centers

L.A. Care established a Family Resource Center in the city of Lynwood, an underserved area with mostly Latino residents, in Southeast Los Angeles County in November 2007. Its second Center was established less than two years later in August 2009 in the city of Inglewood, where it serves a largely African American population. The Family Resource Centers are freestanding facilities open to the public that provide health education and health promotion activities and links residents to other health and social services.

¹ For additional background on the various models of managed care in use in California, see <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/M/PDF%20mmc2.pdf>

² *Fulfilling the Promise of Healthcare to Vulnerable Populations*, L.A. Care 10th Anniversary Report, 2007 <http://www.lacare.org/files/English/file/AboutLACare/LACare10threportLowforWeb.pdf>

L.A. Care was motivated by the need to support individual health care providers who often lack the capacity to provide health education, physical activity, and chronic disease-specific support for patients. The Centers pay special attention to asthma, diabetes, obesity, and other chronic health issues that are identified using Healthcare Effectiveness Data and Information Set (HEDIS) and other available data on local population health. The Centers also work closely with providers to identify service gaps in the community. All services are provided at no cost to community members or providers. Figure 1 presents service offered at the Centers.

The Family Resource Centers' goals are:³

- To enable L.A. Care to have a visible presence in the County.
- To educate and empower people in the community to take care of their own health through active participation and access to health education resources and literature.
- To establish L.A. Care as a local outreach resource for health education and promotion efforts of L.A. Care providers and plan partners

The Centers are located in shopping centers and are accessible by public transportation. In selecting Center sites and service areas, L.A. Care considers: community need and disparities in health care outcomes and access (using HEDIS and county health department data), concentration of individuals receiving public assistance, potential visibility of the Centers (e.g., population density and accessibility in the area), support for high-volume safety net providers whose patients could benefit from more health education and promotion resources, and proximity to the plan's corporate offices to allow effective oversight and management.

Because of heavy utilization at current Family Resource Centers and needs in other underserved areas, L.A. Care plans to open two additional centers in the next year—one in the San Fernando Valley, in the northern part of Los Angeles County, and another in the Boyle Heights area, east of Downtown Los Angeles. The second project is a partnership between the Office of First District County Supervisor Gloria Molina, The California Endowment, and the Los Angeles County Departments of Health and Public Health Services.

The staff of each Family Resource Center consists of an administrator;; a community representative serving as a liaison with outside organizations; a staff person specializing in member eligibility, provider access, and other member services; and a center representative who supports all administrative functions for the center.

Residents learn about the Family Resource Centers in several ways, including referrals by their provider, a school, church, or other community organizations; Center-sponsored community outreach events; or walk-in visits. To facilitate referrals, L.A. Care gives its contracted providers a prescription pad to write "prescriptions" for follow-up services at a Family Resource Center. While services are free to all users regardless of referral method, the written prescriptions serve as a reminder for patients and provide

³ Fact sheet provided by L.A. Care Family Resource Centers, July 2012

location and contact information. New L.A. Care members also receive information about the Family Resource Centers in their orientation packets and may attend an orientation session held at a Center.

Figure 1. Services provided by Family Resource Centers

- Exercise classes for adults, children, seniors, and people with disabilities
- Health education classes for seniors and people with disabilities
- Chronic disease management classes (e.g., diabetes, asthma, obesity, hypertension, HIV/AIDS)
- Classes for children with autism or developmental disabilities
- Depression screening
- Eligibility determination for Medicaid, Women, Infants and Children (WIC) and other social services programs
- Classes on how to use Medi-Cal benefits and the health care safety net in general
- Nutrition and cooking classes
- Parenting classes, e.g., for parents of autistic children
- Parenting and domestic violence support groups
- Screenings, including mammograms, and; preventive services such as flu shots; dental screenings and oral health education for children through a mobile dental van
- CPR and first aid classes
- Self defense classes
- Reading classes
- Referrals to health care providers as needed

Many classes are taught by visiting instructors from nearby community clinics or community-based organizations, ranging from the County Department of Public Social Services, local housing and health advocacy organizations, independent health promoters (*promotoras*), neighborhood exercise and dance studios, national chronic disease associations, and a variety of health care providers.

L.A. Care positions the Family Resource Centers as community centers, intended to be welcoming and accessible to anyone interested in their services, not just to the health plan members. In fact, user data suggests that most visitors are not plan members, and a large proportion are uninsured (Figure 2). One community partner emphasized that the Centers provide health promotion services, particularly exercise classes, that are unlikely to be available to many visitors otherwise. Since 2007 there have been nearly 113,000 visits to the two centers.

Figure 2. Family Resource Center Visits in August 2012

Number of (unique user) visits (Lynwood)	2,212
Number of (unique user) visits (Inglewood)	1,717
Lynwood and Inglewood Combined:	
Total number of participants in health education and health promotion classes <i>Exercise classes for adults and children have the highest attendance.</i>	2,881
Total number of visits for other health information, including assistance with current insurance coverage and member information	408
Total number of visits with eligibility workers for application assistance to public coverage programs	44
Percentage of uninsured users	68%
Percentage of repeat users	81%
Percentage of female users	78%

Source: L. A. Care, 2012.

The Family Resource Centers were developed after extensive interviews with community-based organizations to ensure that the Centers would provide real value, rather than merely serve as a marketing tool for the health plan. The Center’s community representative develops and maintains relationships between the plan and potential partners, including attending city council meetings, health fairs, civic and community events, and meeting with providers to gather input on remaining gaps that the Centers could address. The Centers have contracts or memoranda of understanding with every organization that runs Center classes or other activities and with those with referral relationships.

Community Health Investment Fund

L.A. Care Health Plan established a Community Health Investment Fund in 2001 to strengthen the healthcare safety net in Los Angeles County and improve the health of the communities it serves, regardless of health plan membership. The Fund makes grants of varying sizes and duration to support health care providers and community-based organizations that serve underserved populations, including the Los Angeles County Department of Health Services, Federally Qualified Health Centers, community-based clinics, and other non-profit organizations.

Since its founding, the Fund has provided over \$40 million to support more than 340 projects, including clinical infrastructure development, planning and adoption of health information technology, patient-centered medical home projects in the safety net, and purchasing of adaptable equipment such as exam tables and scales for the temporarily or permanently disabled.⁴

L.A. Care prioritizes its grant-making by evaluating community needs and assessing project and organizational readiness and potential funding partnerships. In some cases, L.A. Care has convened or contacted stakeholders to solicit feedback on upcoming initiatives. In early 2009, L.A. Care invited a

⁴ http://www.lacare.org/files/English/file/AboutLACare/Community/LA0145x_Community_Benefit_Report.pdf

number of small community clinics and the Community Clinic Association of Los Angeles County to discuss the parameters of an initiative to support infrastructure for small clinics with gross revenues of under \$5 million. These meetings resulted in a two-phased planning and implementation initiative that targeted small clinics, resulting in funding of \$1.1 million for 12 projects. Two other funding areas highlighted by L.A. Care leadership are the following.⁵

Expanding Access to Dental Care in Los Angeles County

Recognizing the substantial and urgent unmet need for access to dental services in Los Angeles County and that dental and physical health are closely related, L.A. Care has prioritized improving access to dental care and integrating it with primary care. Since 2003, L.A. Care has provided grants totaling almost \$9 million for 91 projects to support dental services, expand clinic facilities and services, increase capacity, and establish new clinics for vulnerable populations. Most recently, the Plan has funded therapeutic and preventive dental services for adults who lost their Medicaid dental coverage after a state Medi-Cal policy change in 2009. L.A. Care also partnered with First 5 LA⁶ to support dental services for children aged zero to five at six of its health center grantee sites. L.A. Care estimates that its most recent round of grant funding will provide about 66,000 dental visits to about 22,000 people.

Supporting Adoption of Health Information Technology in the Safety Net

In early 2006, L.A. Care partnered with UniHealth Foundation and Kaiser Permanente to evaluate safety net community clinics' readiness to implement Electronic Health Records. As a result of that evaluation, L.A. Care invested \$6.4 million in 31 health information technology (HIT) projects, including support for disease registries, electronic health records, health information exchanges, eConsult, and tele-mental health initiatives such as tele-psychiatry.

L.A. Care's funding for HIT-related projects is intended to extend the advantages of HIT such as care coordination and quality improvement to underserved patients and to strengthen the safety net provider HIT infrastructure. Most recently, L.A. Care funded the following two HIT initiatives.

Safety Net Health Information Exchange

L.A. Care funds and participates on the steering committee for Los Angeles Network for Enhanced Services (LANES), a public-private collaboration initiated by Los Angeles County to advance health information exchange between the Los Angeles County Department of Health Services and community-based safety net health care providers. LANES has begun a Health Data Highway Project to establish information exchange among 16 community clinics, 4 hospitals, 2 multispecialty ambulatory care centers, 6 comprehensive health centers, and 14 outpatient clinics. The systems to be connected will include electronic health records, practice management systems, labs, disease registries, pharmacies, eConsult (discussed further below), and referral systems. By the end of 2013, LANES expects to

⁵ Information drawn from LA Care's Community Health Investment Fund Summary for Fiscal Year 2010-2011 and discussion with Roland Palencia.

⁶ First 5 LA is a local entity established by state legislation in 1998 to fund health, safety and early education programs for children up to age 5 using tobacco tax revenue.

exchange information of over five million unique patients now served by the Los Angeles County Department of Health Services, community-based clinics, and safety net hospitals.

eConsult Program Development

The Safety Net eConsult project was launched in 2011 to connect 10 community clinics with Los Angeles County and other provider sites using the eConsult electronic specialty consultation system. The eConsult platform enables safety net providers to share information among primary care providers and specialists, potentially reducing unnecessary specialty care visits. Primary care providers use the system to ask specialists questions. They upload accompanying patient history and test results to the system, and specialist reviewers respond. If necessary, the patient would then visit the specialist in person, and the notes from that visit would be entered into the eConsult system to become part of the patient's medical records. The partnering organizations include the Los Angeles County Department of Health Services; MedPOINT Management Inc., a management services organization; Health Care LA Independent Physician Association; and the Community Clinic Association of Los Angeles County. A previous 18-month pilot program launched by L.A. Care in small physician practices during 2009 and 2010 found the following:⁷

- A roughly 60% reduction in wait time for needed Specialty appointments.
- A substantial reduction in the need for in-person specialty visits. Out: out of 829 specialty referral requests, about half (383) were resolved by eConsult technology without the need for face-to-face visits.

Currently, the project has completed its first patient consults for dermatology and neurology specialties in seven Los Angeles County locations. The initial users are Long Beach Comprehensive Health Center, QueensCare-Eastside Family Clinic, Tarzana Treatment Center-Northridge, Venice Family Clinic, Northeast Valley Health Corporation, Saban Free Clinic, and The Children's Clinic. A total of 53 clinic sites, including all DHS primary care facilities, will be using eConsult by the year's end. The eConsult network will have access to at least eight specialties, including dermatology, neurology, obstetrics, podiatry, and cardiology. Ultimately, L.A. Care envisions all Los Angeles County safety net providers using eConsult as a common platform with common standards to advance health information exchange and telehealth.

Challenges and Lessons

While L.A. Care is able to track health improvements in many of their supported clinical programs, the plan has found it difficult to quantify health improvement among Family Resource Center visitors. Measurement is a challenge because the plan cannot track health status and utilization data for nonmembers who use the Centers. Nonmembers are likely to lack the formal, long-term relationship that a patient would have with a medical home or an enrollee would have with a plan. However, there

⁷ <http://www.econsultla.com/resources/pcp-overview.pdf>

are some measures that help assess the Centers' impact, including utilization of Center services, numbers of repeat visitors, and satisfaction. As noted above, L.A. Care's data suggests that most Family Resource Center users are repeat visitors, suggesting that they perceive health benefits. The plan is working to improve its data analysis capabilities for the coming year.

Sustainability of the Plan's Community Investment Fund is a challenge. The availability of funding depends on the plan's financial performance, so funding for various priority areas can be unpredictable from year to year.

Approximately 80% of L.A. Care grantees are in the plan's network, and the plan views these grants partly as strengthening the safety net by compensating providers that have a disproportionate burden of uncompensated care and face a variety of funding challenges. L.A. Care is also using these investments to build relationships with community providers and to potentially attract new patients enrolled through the Affordable Care Act Medicaid expansion.

Identifying and meeting real needs in the communities that L.A. Care serves are critical to the success of both the Family Resource Centers and grant-making priorities. L.A. Care has learned the value of using data to identify gaps and disparities in care, and to target specific populations and neighborhoods in greatest need. L.A. Care Family Resource Centers are placed strategically and offer specific services based on HEDIS data and population health indicators. Similarly, the grant funding is based on a combination of identified needs, community infrastructure, and capacity to implement projects and leverage funds from other sources.

L.A. Care also recognized that information technology to access and analyze data is important for other safety net providers. As a result, L.A. Care is helping to support development of EHRs and IT adoption among safety net providers in the community, which also improves communication and care coordination for L.A. Care members.

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