



VALLEY CARE
Community Consortium

Coalition of Safety Net Access Providers

C-SNAP UPDATES

March 2010

C-SNAP Vision

SPA 2 providers will work collaboratively to provide timely and convenient access to appropriate, high quality, coordinated specialty care to the low-income, under and uninsured residents of the San Fernando and Santa Clarita Valleys.

Valley Care Community Consortium (VCCC) received a planning grant for \$150,000 and an implementation grant for \$300,000 per year for three years through a statewide initiative sponsored by Kaiser Permanente, Northern and Southern California regions; the California Association of Public Hospitals and Health Systems/Safety Net Institute to increase access to as well as reduce the demand for specialty care services affecting low income, underinsured, and uninsured residents of Service Planning Area (SPA) 2; the San Fernando and Santa Clarita Valleys.

The implementation team, the Coalition of Safety Net Access Providers (C-SNAP), consists of safety net providers and community stakeholders including hospitals, community clinics, and community-based organizations. The intervention strategies include:

Improve the web-based county Referral Process System (RPS) through open and ongoing communication at a quarterly meeting of ValleyCare Administrators, referral center staff, and SPA 2 Public Private Partner (PPP) Clinic Administrators and Medical Directors. Funding has been dedicated to cover the cost of training sessions that may be needed and to support the purchase of materials to help support and maximize the system so it will run at maximum efficiency.

Develop primary care/specialty training program

that focuses on utilizing standardized referral guidelines and expanding skill sets to expand scope of practice in the primary care setting. The initial specialties targeted are dermatology and neurology. These roundtable formats will provide the basis for the specialist and primary care physicians to share issues from both perspectives. The goal is for the trained primary care physician to go back to their clinic and share the knowledge gained at the forums.

Implement teledermatology program

utilizing a contract dermatologist who will read the digital photos and provide feedback to the primary care doctors through an Internet based application. Implementation strategies and training will begin before March 2010 within ValleyCare and at Tarzana Treatment Center. The goal is to improve appropriate access to specialty-level dermatological care.

Implement an automated patient reminder system

contracting with 4Patient Care to provide HIPAA compliant software to place multiple appointment reminder calls to patients. The initial focus will be in the neurology clinic. The goal is to reduce the broken appointment rates in each specialty clinic site in which the system is implemented.

DERMATOLOGY GUIDELINES

Through the provider training program, the Dermatologist and primary care providers will evaluate and may revise these current guidelines based on needs of the Teledermatology program.

Consultation Requests require:

- Detailed description of at least six months of conventional therapy including the names of medications attempted and duration of each medication's therapy
- Biopsy pathology reports if applicable
- Satisfy appropriate inclusion criteria detailed below

Consultation Requests will be denied for the following:

- Skin tags: Skin tags are NOT removed in Dermatology clinic
- Onychomycosis (unless patient has medication dependent diabetes mellitus)
- Lesions desired to be removed for cosmetic reasons (i.e. nevi, seborrheic keratoses, etc.)
- Failure to describe at least six months of conventional medical therapy
- Failure to biopsy a suspicious lesion below the face before consultation request.
- *Inpatient consultations and patients referred directly from Medical Walk-In and the Emergency Room will not be seen.*

Pre-Consultation Strategies: Trial of six months of conventional therapy as follows:

- Warts: Monthly cryotherapy and 40% Salicylic Acid (over-the-counter)
- Rash (eczema, psoriasis, etc): Two failed therapies such as Nizoral 2% Cream BID (anti-fungal) or Triamcinolone 0.1% Cream BID (topical steroid).
- Rosacea/Acne: Failed two oral therapies such as Tetracycline or Doxycycline
- Suspicious Lesions: If below the face, biopsy should be performed by consulting provider and then referred if needed with pathology reports.

A recent study of adult patient visits to primary care doctors between 1997 and 2005 found:

- The number of adult visits to primary care doctors increased 10% annually, from 273 million to 338 million
- The mean duration of an adult primary care visit increased by 16%, from 18.0 to 20.8 minutes
- Regular check-up: mean increase of 3.4 minutes
- Diagnosis of diabetes: mean increase of 4.2 minutes
- High blood pressure: mean increase of 3.7 minutes
- Diagnosis of joint disease: mean increase of 5.9 minutes
- Quality of care improved according to nine medical, counseling and screening indicators
- Counseling or screening by doctors took 2.6 to 4.2 minutes longer than visits without these services

Source: "Primary Care Visit Duration and Quality: Does Good Care Take Longer?", Archives of Internal Medicine, abstract only, November 9, 2009, <http://hewmobile.healthexcmobile.com/t/8782848/52085558/61164/0/>

The Department is in the process of upgrading the RPS software and hardware using the most up to date technology available. The server migration is anticipated to be completed by early 2010 and is expected to increase the capacity of the system while simultaneously increasing its speed.

By late 2010, the software should be updated to the latest Oracle product, Business Process Management (BPM). This upgrade to RPS version 2 promises to streamline and make more efficient maintaining and improving the system. Improvements in submitting and reviewing referrals include bulk selection and disposition of referrals – an enhancement that RPS users have wanted for some time.

BPM offers greater flexibility, tailoring the referral flow by facility or clinical specialty. Upgrade plans include creating bi-directional referrals so that DHS facilities can return patients to a PPP medical home through RPS. BPM comes with built in dashboard reports that provide convenient quick reports on referral statistics so that administrators can better manage referral flow and oversee referral processing. DHS will be training users on the new system after the upgrades are complete.

REFERRAL PROCESSING SYSTEM (RPS)

The information below provides the steps taken when a referral is made to the County of Los Angeles through RPS. It is important to understand the flow and monitor the status of the referral in RPS

Referral submitted

Referral submitted by referring provider to requested County facility for specialty services. The referring physician is notified in the RPS system of any status changes that occur to the referral. (Approval, Appointment Date, Denied, Requesting Additional Information)

Referral reviewed by Referral Center

Referral reviewed by a registered nurse in the Referral Center for appropriateness and completeness.

Patient account created/edited

A patient account is edited/created in the Health Information Management System (Affinity).

Referral reviewed by Specialist

A specialist reviews referral for appropriateness and determines if appointment is necessary.

Patient financially screened

If the referral is approved, the patient will need to be financially screened for certain radiological imaging tests. Once the patient is screened, they are sent directly to the radiologist, skipping the appointment process.

Patient appointment booked and mailed

An appointment is made and notification is mailed to the patient.

Patient seen by Specialist

Patient is seen by specialist and visit notes are created by the doctor in the medical record.

Clinic visit attached to referral

A copy of the visit notes are scanned and attached to the referral in RPS for viewing by the referring provider.

To access the Office of Ambulatory Care (OAC) WebReferral website

Go to www.ladhs.org. Click on "Departments" at the top of the page.

Then click on "Ambulatory Care" (the first department listed). This will bring you to the Office of Ambulatory Care website. In a blue box on the left-hand side of the OAC website is a link to the OAC WebReferral page.

Days to the Next Appointment for Referrals through RPS

Service	January 2010
Podiatry	49
Cardiology	33
Chest	125
Dermatology	45
Diabetic	90
Endocrinology	197
Gastroenterology	53
Hematology	31
Infectious Disease	7
Infectious Disease-Specialty	42
MDA Neuromuscular	16
Memory Loss	72
Neurology	150
Oncology	26
Orthopedic Adult	55
Renal	69
Rheumatology	162
OB/GYN - Antepartum/Genetics	0
OB/GYN - Gynecology Endocrinology	119
OB/GYN - Gynecology -Urology	53
OB/GYN - Gynecology After Care	25
OB/GYN - Gynecology PAP/ Colpo	48
OB/GYN - Gynecology (Re-design Clinic)	46
OB/GYN - Gynecology - Oncology (Re-design Clinic)	49
OB/GYN - High Risk Prenatal	16
OB/GYN - Prenatal Intake	15
OB/GYN - Post Partum	41
OB/GYN - Sterilization English	36
OB/GYN - Sterilization Spanish	11
Surgery Audiology	127
Surgery Breast	5
Surgery Cleft Palate	27
Surgery ENT	22
Surgery General	29
Surgery Laser (Part of Optometry)	71
Surgery Ophthalmology	39
Surgery Optometry	39
Surgery Plastic	50
Surgery Proctology	75
Surgery Urology	64
Surgery Vascular	47

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If you have questions about specialty care or RPS, submit them to ... Responses to questions will be posted in the next quarterly newsletter