Is it Good to Be King? Providing and Accessing High Quality Surgical Care on the MLK Campus

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Medical Director of Surgical Outcomes and Quality, *MLK Community Hospital*
Disclosures

• None
45yo AAM with Fournier’s gangrene
What we will cover

• Define Health Inequity
• Sociopolitical Context of Underserved Communities
• Discuss Opening of MLK
• Describe our work at MLK
  • Access to Specialty Care & Surgery
  • Evaluating & Improving Quality in Surgery
Economic & Social

Living & Working Conditions

Medical Care

Personal Behavior

Policies to promote economic development and reduce poverty

Policies to promote child and youth development and education, infancy through college

Policies to promote healthier homes, neighborhoods, schools

HEALTH
Causes for health disparities are complex and multi-factorial

Healthcare System
- Access to care (insurance)
- Availability of services
- Appropriateness of care
- Cultural competence
- Outreach

Patient/community
- Preferences
- Adherence
- Education
- Biological
- Environmental
Black men making equal incomes who live past there mid 20s live shorter lives than whites.
Limited access to care is an important risk factor that impacts racial minorities unequally.

- **White (non-Hispanic)**: 90%
- **Asian/Pacific Islander**: 89%
- **American Indian/Alaska Native**: 72%
- **African American (non-Hispanic)**: 86%
- **Hispanic**: 75%

29 Million Uninsured
Lower rates of primary care physicians as usual source of care among most racial minorities

- White (non-Hispanic): 80%
- Asian/Pacific Islander: 70%
- American Indian/Alaska Native: 83%
- African American (non-Hispanic): 73%
- Hispanic: 69%

Target: 83.9%
Black and American Indian students have lowest rates of high school graduation

- White (non-Hispanic): 82%
- Asian/Pacific Islander: 72%
- American Indian/Alaska Native: 70%
- African American (non-Hispanic): 60%
- Hispanic: 76%
Blacks infants die at almost 2X rate of other races.

- White (non-Hispanic): 5
- Asian/Pacific Islander: 5
- American Indian/Alaska Native: 6
- African American (non-Hispanic): 11
- Hispanic: 5

Target: 5.6

Per 1,000 live births
Blacks moms die at almost 3X rate of other races

Per 100,000 live births

- White (non-Hispanic): 11
- Asian/Pacific Islander: 9
- American Indian/Alaska Native: 9
- African American (non-Hispanic): 28
- Hispanic: 9

Target: 1.4
Higher rates of obesity among Black and Latino teens

- White (non-Hispanic): 15%
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American (non-Hispanic): 19%
- Hispanic: 21%

Target: 14.5%
SPA 6 health status is worse than LA County overall for all indicators

- Lowest life expectancy in L.A. County
- High rates of chronic disease and mental illness
- 45% report difficulty accessing care

<table>
<thead>
<tr>
<th>Indicators of Health</th>
<th>SPA 6</th>
<th>Los Angeles County</th>
<th>SPA 6 vs. Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality Indicators</strong> (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes death rate</td>
<td>34.1</td>
<td>20.2</td>
<td>Worse</td>
</tr>
<tr>
<td>Coronary heart disease death rate</td>
<td>178.2</td>
<td>128.6</td>
<td>Worse</td>
</tr>
<tr>
<td>Stroke death rate</td>
<td>45.5</td>
<td>33.7</td>
<td>Worse</td>
</tr>
<tr>
<td>Lung cancer death rate</td>
<td>39.9</td>
<td>31.3</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Communicable Diseases</strong> (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence rate of AIDS among adolescents and adults (ages ≥13 years)</td>
<td>32.3</td>
<td>24.9</td>
<td>Worse</td>
</tr>
<tr>
<td>Incidence rate of chlamydia</td>
<td>599.5</td>
<td>512.9</td>
<td>Worse</td>
</tr>
<tr>
<td>Incidence rate of gonorrhea</td>
<td>231.9</td>
<td>103.4</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Reproductive Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of births (per 1,000 live births) to teens ages 15-19 years</td>
<td>51.1</td>
<td>28.1</td>
<td>Worse</td>
</tr>
<tr>
<td>Percent of low weight (&lt;2,500 grams) births (per 100 live births)</td>
<td>8.1%</td>
<td>7.1%</td>
<td>Worse</td>
</tr>
<tr>
<td>Percent of all live births where mother received prenatal care during the 1st trimester</td>
<td>77.1%</td>
<td>81.6%</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>General Health Environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of adults who obtain recommended amount of aerobic exercise each week (3)</td>
<td>61.0%</td>
<td>61.8%</td>
<td>Worse</td>
</tr>
<tr>
<td>Percent of adults who are obese (BMI ≥ 30.0)</td>
<td>32.7%</td>
<td>23.6%</td>
<td>Worse</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Department of Public Health, Key Indicators of Health, March 2013

(1) Age-adjusted, per 100,000 population

(2) Annual new cases, per 100,000 population

(3) Defined as ≥ 150 minutes per week of moderate activity, or ≥ 75 minutes per week of vigorous exercise
South LA is a health care shortage area

Key Demographics of SPA 6:
- 1.2 million residents; 45.5% age 15-44 years
- 74% Hispanic; 21% Black
- 67% of household incomes less than $50,000

- Limited primary care
- Deficit > 1,700 specialists
  - 4 Urologist for all of SPA (Service Planning Area) 6
King is borne...
1,000 RIOT IN L.A.
Police and Motorists
Detroit Ripped By Race Riots

WASHINGTON (AP) — President Johnson ordered federal troops to the Detroit area today and promised every needed assistance in handling the riot which has ravaged the city.

Johnson also drafted Cyrus R. Vance, former deputy secretary of defense, to fly to Detroit for conference to determine exactly what conditions are and what federal help is needed.

The troops are being flown to rioting to hit this city since 36 people were killed and hundreds injured in 1943.

Romney withdrew the earlier request moments after making it, apparently believing federal troops might be needed in other areas of the nation hit by strife over the weekend.

Although there was no immediate confirmation the troops would be sent, military commanders said earlier that Rom-
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Nature of Event</th>
<th>Duration</th>
<th>Casualties</th>
<th>Arrests</th>
<th>Damaged Buildings</th>
<th>Costs</th>
<th>Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965 Watts Riots</td>
<td>Aug 11</td>
<td>DUI arrest</td>
<td>6 days</td>
<td>34 dead, 1,032 injured, &gt;4,000 arrests, and &gt;800 building damaged</td>
<td>&gt;4,000</td>
<td>&gt;800</td>
<td>$40M</td>
<td>Kerner Commission</td>
</tr>
<tr>
<td>1967 Detroit Riots</td>
<td>July 23</td>
<td>Raiding night club</td>
<td>5 days</td>
<td>43 dead, 1,189 injured, &gt;7,200 arrests, and &gt;2,000 building damaged</td>
<td>&gt;7,200</td>
<td>&gt;2,000</td>
<td>$40-45M</td>
<td>McCone Commission</td>
</tr>
</tbody>
</table>
Build a Hospital, From Scratch...

Assembly Bill No. 2599

CHAPTER 267

An act to add Article 5.15 (commencing with Section 14165.50) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

[ Approved by Governor September 23, 2010. Filed with Secretary of State September 24, 2010. ]

LEGISLATIVE COUNSEL'S DIGEST


Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law authorizes the California Medical Assistance Commission to negotiate selective provider contracts with eligible hospitals to provide inpatient hospital services to Medi-Cal beneficiaries. Existing law also provides for the provision of inpatient and outpatient hospital services under the Medi-Cal program on a fee-for-service basis. Existing law provides for supplemental payments to hospitals providing Medi-Cal services in accordance with prescribed provisions of law.

Existing law requires the County of Los Angeles for the 2007–08, 2008–09, and 2009–10 state fiscal years, to make intergovernmental transfers to fund the nonfederal share of increased Medi-Cal payments to those private hospitals that serve the South Los Angeles population formerly served by Los Angeles County Martin Luther King, Jr.-Harbor Hospital.

This bill would enact Medi-Cal funding provisions for a new hospital, as defined, that would be a private nonprofit entity that would serve the population of South Los Angeles formerly served by the Los Angeles County Martin Luther King Jr.-Harbor Hospital.
MLKCH is a unique Public-Private Partnership

LA County
- Governance: County Board of Supervisors

UC, UCLA
- Governance: Board of Regents

IGT and Indigent Care Funds
- Building Lease

MLK, Jr. Community Hospital
- Governance: Community Board
- Non-Profit 5013c

MLKCH Foundation

Coordination Agreement

Quality and Performance Education Improvement

Fundraising
<table>
<thead>
<tr>
<th>Licensed Bed Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical</td>
<td>93</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>20</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total Licensed Beds</strong></td>
<td>131</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Nursery - Bassinets</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>21</td>
</tr>
<tr>
<td>Fast Track Stations</td>
<td>8</td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>3</td>
</tr>
<tr>
<td>C-Section Rooms</td>
<td>2</td>
</tr>
<tr>
<td>Post-Anesthesia Care Unit</td>
<td>12</td>
</tr>
</tbody>
</table>
Several UCLA departments have physicians on staff at MLKCH and among the hospital leadership.

<table>
<thead>
<tr>
<th>Scope of Inpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Cardiology</td>
</tr>
<tr>
<td>Emergency Services</td>
</tr>
<tr>
<td>Endocrinology</td>
</tr>
<tr>
<td>Gastroenterology</td>
</tr>
<tr>
<td>General Medicine</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
Busier than expected, with quality scores higher than competitors

Strategic Objectives

• Clinical Excellence
• Care Delivery Innovation
• Operational Effectiveness and Efficiency
• Strong Financial Management
• Community Collaboration and Engagement

70K ED patient visits projected

Quality scores exceed 83% of facilities nationwide
Establishing High Quality Surgery at MLK

- Using Lean/Six Sigma Principled Process Development and Improvement
- Prospective approach to expansion of scope of service
- Value Analysis Team Formation
- PI/Research Projects
  - Perioperative Kaizen Project
  - Decision Model for Developing Outpatient Surgery
  - Impact of Care Coordination of Surgical Quality
<table>
<thead>
<tr>
<th>Surgeon Factors</th>
<th>System Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Initial Training</td>
<td>- Equipment</td>
</tr>
<tr>
<td>- Ongoing Certification</td>
<td>- Team(s) Needed</td>
</tr>
<tr>
<td>- Current Volume</td>
<td>- OR Support</td>
</tr>
<tr>
<td>- Time limitations</td>
<td>- Inpatient Support</td>
</tr>
<tr>
<td>- Professionalism</td>
<td>- System Maturity</td>
</tr>
<tr>
<td></td>
<td>- Peer Benchmarks</td>
</tr>
<tr>
<td></td>
<td>- Expected Volume</td>
</tr>
</tbody>
</table>
Multidisciplinary Privileging Review Meeting

Meeting Chair: Medical Director of Surgical Quality (MDSQ)

Procedure Lists distributed to Participants

Each Individual Procedure/Privilege Reviewed Individually:

Question 1: Does this hospital have, or could it reasonably acquire, the technical capability to perform this procedure?

Open Discussion; Meeting Chair elicits consensus

Yes

Procedure Included

No

Procedure Excluded

Question 2: Is the hospital system and staff prepared to handle the postoperative care and any likely complications that may arise from this procedure? What questions or concerns are there in regard to supporting this procedure and postoperative care?

Open Discussion; Meeting Chair elicits consensus

Yes

Procedure Included

No

Procedure Excluded

Decisions Recorded and Meeting Adjourned after all Procedures reviewed
<table>
<thead>
<tr>
<th>Procedure</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craniotomy</td>
<td>Appropriate</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>Insertion of Neurosurgical Intensive Care Monitoring Devices</td>
<td>Appropriate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Laminectomy for Decompression</td>
<td>Appropriate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Peripheral Nerve Repair</td>
<td>Appropriate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CSF Shunting</td>
<td>Appropriate</td>
<td>Yes</td>
<td>Yes*</td>
</tr>
<tr>
<td>Direct Nerve Stimulation</td>
<td>Appropriate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cordotomy (Open or Stereotactic)</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Neurectomy (Open or Stereotactic)</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Peripheral Nerve Tumor Resection</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Suboccipital Craniectomy</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Transsphenoidal Intracranial Surgery</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Vertebroplasty or Kyphoplasty</td>
<td>Inappropriate</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Anterior Endoscopic Decompression and Fusion</td>
<td>Inappropriate</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>Intradiscal Electrothermal Annuloplasty (IDET)</td>
<td>Inappropriate</td>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>
Privileging Card Revision Results

# of Procedures Allowed

- Urology
- Obstetrics & Gynecology
- General Surgery
- Ophthalmology
- Orthopedic Surgery
- Podiatry
- Otolaryngology
- Neurosurgery
- Anesthesia
- Thoracic Surgery
- Vascular Surgery

Initial
Final

0 10 20 30 40 50 60 70 80 90 100

David Geffen
School of Medicine

UCLA Health
Ambulatory Surgery Case Volume Per Capita: Counties by Quartile
MLK Should Become the Leader for Access to Outpatient Procedures in South LA

• Per capita rates of ambulatory surgery in South LA are 7-to 25-fold lower than all other SPAs
  • 10% of LA County population, 1% of all outpatient procedures
    • SPA 6: 465 cases per 100,000 people
    • SPA 3: 11,860 cases per 100,000 people

• MLK has a realistic opportunity to be a county leader in Operating Room utilization efficiency
Addressing Access
The Campus Master Plan Positions MLKCH to be an Innovative Provider of Coordinated Care

- Innovation center
- Medical office space
- Urgent care
- Mental health
- Homeless recuperative care
- Assisted living
- Skilled nursing facility
- Rehabilitative care

Source: Initiative for a Competitive Inner City
Martin Luther King Jr Outpatient Center
MLKOC Services

- Urgent care
- Medical home
  - Internal medicine
- Women’s health
- Medical specialty clinics
  - GI
  - Hem/onc
  - Cards
  - Endocrinology
- Surgery
  - GI surgery
  - Ortho
  - GU
  - Optho
  - OMFS
  - ENT
  - Breast
- Radiology, Lab, Path, Pharmacy

David Geffen
School of Medicine

UCLA Health
Impactful Changes at MLKOC

• New MLKOC facility
  • Moved Jun 2014

• Electronic health record- ORCHID
  • Cerner (CCS at MLKCH), Go-live Feb 2015

• Staff
  • 4 Urologists; Support staff: Urotech, RN, LVN

• Improved workflow

• eConsult
  • Referrals from other county facilities for outpatient procedures
Urology services

- **Clinic**
  - Same day/next day appt from urgent care
  - eConsult
  - TRUS/Prostate biopsy
  - Cystoscopy (flexible)
  - Fluoroscopy

- **Ambulatory surgery center (ASC)**
  - Ureteroscopy
  - PVP/EVP
  - ESWL
  - Hydrocelectomy
  - Orchietomy
  - Circumcision
  - Vasectomy
Continued Operational Refinements

• Increased block scheduling
  • To accommodate higher GU volume & reduce wait (now <2-4 weeks)

• Procedure-specific blocks
  • (SWL, PVP and URS days) to improve efficiency

• Plans to consolidate/regionalize procedures
  • SWL at MLKOC
  • Streamlining process to obtain complex stone sx at MLKCH

• Urology Working Group & Telehealth (eConsult)
  • Leads from various DHS sites collaborating to improve care
Community Engagement in South LA
The program reached nearly 15,000 men nationwide in over 8 states, in no less than 25 cities.
Conceptual Model Implementation

Barbershop-based Health Promotion

“P.E.P. Talk”

Patient Navigation

Clinical Referral Network

Federally Qualified Health Centers
Participating Barbershop
Federally-Qualified Health Center
Free or Low Cost Clinic

South LA—Spa 6
“PEP Talk”: Prostate Education Project

**Intervention Barbershop (n=1)**

- Black men >40y (n=170)
  - Culturally-tailored CaP DVD
    - Facilitated doctor’s visit

**Control Barbershop (n=1)**

- Black men >40y (n=170)
  - General Audience CaP DVD
    - Facilitated doctor’s visit

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**Outcomes: Metrics of Decision Quality**

1°: Behavior: Discussion w/Physician
2°: Knowledge, Intentions, Screening Decision

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**Barbershop Recruitment**

- Pre-intervention survey
- Barbershop-based DVD intervention
- Post-intervention survey
- Assistance accessing care
- Follow-up survey (3mos)
• Increased knowledge equally across both groups.
• Fewer men wanted to participate in a shared decision after the intervention
• More men being willing to undergo a PSA after viewing the culturally tailored video than control.
MLK Health Initiative | Know Your Basics

• Community health program that provides
  • health education,
  • screenings,
  • insurance enrollment
  • referral resources

• Goal – Empower the community to know their basic health information and available resources

• Target: Minority population in SPA 6

• 25 Participating Sites

• 10 Screening events per month
Next steps and additional research collaborations between the campuses

• “Caring for Latino Prostate Cancer Patients More Wisely with a Culturally Targeted Decision Aid”
  • Testing a culturally tailored decision aid, WiserCare, among Latino men with prostate cancer

• “Staying Strong and Healthy”
  • Testing an intervention to minimize androgen deprivation therapy associated metabolic and cardiovascular risk

• “Assessing Surgical Disease Burden in South LA”
  • Evaluating underlying need for surgical consultation and procedures among members of South LA
Acknowledgements

• Mark Litwin
• Bill Releford
• Keith Norris
• Carol Mangione
• Roberto Vargas
• Arun Sharma
• Sarah Connor

• Elaine Batchelor
• John Fisher
• Medell Briggs
• Sean O’neill
• Sally Maliski
• Toni Yancey

• Many others…
UCLA Urology…it all begins with U
Developing a Men’s Health Program

• “The Men’s Center-South for the Elimination of Health Equity” in Los Angeles

• Develop and test new approaches to understanding and reducing health inequities among minority and underserved men.
Men’s Health Program | Priority Areas

• Research
• Outreach (advocacy, community collaboration, policy)
• Clinical care
• Training/Education
• Policy
Men’s Health Program | Potential Project Areas

- Health Promotion: nutrition, fitness, supplement use, male wellness visits, disease screenings/early detection
- Access to care
  - Patient Navigation/Community health worker
- Prisoner re-entry
- Geriatrics
- Urologic Disease-focused
  - Erectile Dysfunction, Low T & Cardiovascular disease
  - Prostate cancer
- BPH/LUTS
The relationship MLK has with UCLA positions South LA to be an ideal training and proving ground from which we can generate and test solutions to eliminate health inequities.
Privileging Review at MLKCH: Overview

Step in Process
- Specialty Identified for Review
- Surgeons Identified
- Surgeons’ Privilege Cards collated, Procedure List Created
- Surgeons’ Review Meeting (Figure 2); Procedure List Revised
- Multidisciplinary Review Meeting (Figure 3); Procedure List Revised
- Departmental Committee reviews and approves or rejects Procedure List
- Credentials Committee reviews and approves or rejects Procedure List
- Medical Executive Committee reviews and approves or rejects Procedure List
- Hospital Board of Directors reviews and approves or rejects Procedure List
- Procedure List formally adopted into policy

Personnel Involved
- Medical Director of Surgical Quality (MDSQ)
- MDSQ
- MDSQ, Research Assistant
- MDSQ, Surgeons, Research Assistant
- MDSQ, Surgeons, Anesthesia, OR Nursing, Inpatient Nursing, ICU, Emergency Department, OR Facilities, Research Assistant
- Multidisciplinary Representatives on Departmental Committee
- Senior Medical Staff Member and Physician Representatives
- Medical Executive Board comprised of Physician staff leaders
- Hospital Board of Directors

Key Steps in Process

Total Time of Process: 6 – 12 weeks