LOS ANGELES COUNTY COMMISSION ON HIV

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Christina R. Ghaly, MD
Director of Health Integration
County of Los Angeles Chief Executive Office
726 Kenneth Hahn Hall of Administration
500 W. Temple Street
Los Angeles, CA 90012

Dear Dr. Ghaly:

Thank you for taking the time to meet with the Commission on HIV (Commission) to discuss the County's efforts to establish an agency to integrate the delivery of services offered by the Departments of Health Services, Mental Health and Public Health.

Based on the feedback received by the Commission members as a result of your presentation/discussion and the work group established to provide input to the planning process, the Commission respectfully provides the following key concepts and recommendations to your office to address in the integration process:

1. **Access to Care:** Any integration efforts must increase, rather than limit, access to care across the varying systems under the Departments of Health Services, Public Health and Mental Health. Strengthening and streamlining referral linkages, elimination of multiple eligibility screens, portability of eligibility documents, etc., should ensure barriers to access are reduced as a result of integration.
2. **Procurement Reform:** Services must be deployed more efficiently and timely within any new structure. The Ryan White system remains an emergency response and has faced challenges responding to the evolving needs of consumers because of the complex County procurement process. Addressing unmet need remains a critical challenge without infrastructure processes positioned to allow for rapid investment and reprogramming in emergent conditions. Service gaps must be addressed as they surface in the new integrated system of care. Departments must have the authority and flexibility to expand or redirect service investments as need warrants.
3. **Preservation and Enhancement of the Community Planning Process:** Patients and providers have critical insights into the needs of the community which often take

significant periods of time to address through a fragmented procurement process. Ideally, Community Planning gives the County a robust feedback mechanism, vetted through clinical and programmatic assessment by consumers and providers, and then translated into investment directives to County procurement processes. The success of the Ryan White community planning function should be replicated to the larger community serving County patients to ensure that patients accessing care through the integrated agency structure are having barriers to care removed, departments are addressing unmet need, provider challenges with care delivery are understood and the delivery structure is monitored to reduce barriers to service effectiveness.

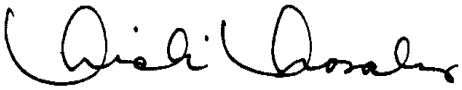
4. **Chronic Disease Management:** The County's new integrated model must effectively partner with community clinics to ensure that chronic disease patients have consistent and timely referral access to the specialty care provided at County facilities. Most patients in the County Safety Net are accessing primary care through community clinics but must rely on the County for access to specialty care. These referral mechanisms through the integration effort must be strengthened and improved. At its core, the newly integrated system could begin to mirror other effective "closed" systems like Kaiser where County and Community Partners are partners in managing the "risk corridors" inherent in the larger Safety Net.
5. **System Linkage:** Congruent to integration within the targeted County departments is the need to integrate the provision of primary care services at community clinics to the larger system of care available throughout the various County departments. An open architecture environment whereby community providers can link electronic health systems to County referral and quality assessment processes will allow for better medical management, reduction of errors and improved health outcomes.
6. **Program Integration:** The successful integration of County departmental services is also directly contingent upon the ability of Community Partners to integrate their own services in conjunction with the County's internal efforts. Allowing County contracted providers to integrate programs internally, even though the grants/contracts are with different County departments, will reduce costs, eliminate duplication of effort to monitor contracts and compliance, improve administrative efficiency and increase access to care across program eligibility functions.
7. **Prevention in Primary Care:** Current primary care service delivery does not include the full range of prevention interventions proven to reduce the spread of HIV and STIs. Robust screening efforts, especially around behavioral health, in the primary care encounter, will harvest rich results in linking patients to critical programs at each County department. County-led integration of the service delivery model must be accompanied

by the planning and regulatory work to ensure IPAs, health plans, and other related programs understand the need for inclusion of prevention into the provision of primary care at community clinics. Only by treating the whole person are we positioning the integration efforts to succeed.

Again, thank you for your time and effort to include the Commission on HIV in your planning process. We look forward to the continued partnership to achieve the exciting promise of integrated delivery of care in Los Angeles County.

Sincerely,

Michael J. Johnson, JD, Co-Chair
Los Angeles County Commission on HIV



Ricky Rosales, Co-Chair
Los Angeles County Commission on HIV

c: Commission on HIV
Division of STD and HIV Programs (DHSP)