



Medical Report for the Board of Directors

February 2015, submitted by Ruby Raya-Morones M.D.

Medical Staff

Provider meetings: Provider meetings consisted of a presentation by California Family Health Councils on the SB138 a new law about family planning privacy rights; Andrew Cox shared with the providers the floor plans for the new building on Vernon; we had committee meetings and this last week Dr. Michael Core did an update on management of hypertension. The HEDIS presentations were on adult primary care parts 1&2.

Providers: We have completed our first quarter of P4P data analysis and productivity reports. Providers were given their personal reports and then checks went out. It has caused providers to look closely at opportunities to do better quality medical care and seeing more patients.

We continue to interview potential providers to take care of our ever-increasing patient visit demands. We have hired an internist for Huntington ark and his start date is May 2015.

Productivity: Productivity is up slightly as providers are finally getting used to this new version of Nex tGen. Also we have hired a total of 5 new mid-level providers over the last 3 months. For the month of January our patient visits were up to 5551 and for February we can project 5700 visits. We are finally up to 21 full and part time (19.25 FTE) providers. Usually for every provider there is an expected 300 visits/month so the expected productivity would be 5775 assuming all the appointment slots were full.

Prenatal program/CPSP: We have come to an agreement with Dr. Cachur's group that starting April 1st, they will be delivering our pregnant patients at California Hospital. The USC family residency program will continue to see our hospitalized children and adults at California Hospital. I am working on the MOUs for this. They had an audit last week by CPSP program official. Dr. Noya, Gloria and Marissa were representing our clinic. We passed all the clinical measures but they did ask that we update our clinic description and provider contacts.

Patient complexity: I had Brendan pull the RAF (risk adjustment factor) scores for our clinic from last quarter. The average score of complexity is 1.0 but our providers are seeing a higher complexity of patients and seeing these numbers makes it clear to understand why it takes



longer to get through a patient visit. Prenatal and pediatric providers had lower scores but still above 1.0.

Provider	RAF Score By PCP
LY MD	1.21
JDM MD	1.19
EM PA-C	1.18
LZS PA-C	1.17
MP PA-C	1.16
<i>No PCP</i>	1.16
DV PA-C	1.15
PB DO	1.15
ED FNP	1.14
CMM FNP	1.14
MS PA-C	1.14
JE PA-C	1.13
MC PA-C	1.13
DN MD	1.11
KB NP	1.11
CD PA	1.10
RRM MD	1.10
RGDA PA-C	1.08
TB PA	<i>Limited Data</i>



Clinic Average

1.15

School based clinic updates:

Jefferson Wellness Center: Recently we have had to add a security guard at Jefferson due to a threatening patient that was drunk and demanding narcotics. In addition to the security guard they also have a locked door with a buzzer to open the door. Mr. Foot the school principal has agreed to get the school based clinic a walkie talkie so that they can call the school police when needed.

TAS: At TAS the receptionist works closely with the school security guard. She has a locked door and no one can enter unless she buzzes them in. Things are going well at TAS. Lots of student physical have been accomplished.

Mammography: We are doing mammograms at the South Central Facility. Still working on getting a final certificate for our facility.

Pharmacy: We had an unannounced inspection of the dispensary on by Dr. Melvin Barron on February 6, 2015. I am happy to report that the dispensary passed 100% of the items on the check list. We have submitted our renewal application for the dispensary license, which is due to expire March 2015. We have applied for a full pharmacy license but have not received any news yet.

Emergency Preparedness: As part of compliance I reviewed all the policies and procedures for medical emergencies with the providers on 2/19/15 during the provider meeting.

Quality Assurance: Dental is preparing for a My Health LA audit so that we can be part of the MHLA network of dental providers. Luckily they sent us a list of all that is required and Dr. Kadar is working on getting us an excellent score.

Quality Improvement: Our next big QI meeting is slated for March 12th. We had committee meetings this month and in the QI committee we reviewed our performance on Breast Cancer, Colorectal cancer and cervical cancer screening. Since our scores have improved much from last year we are looking into launching the preventive care guidelines in Next Gen. Other practices have had glitches with this so we are going to test it first and see how well it works. If all goes well the providers will be trained on this new feature.



CCALAC QI measures were on preventive health this month:

1) Tobacco Use Screening and Intervention in 18+ with at least one visit	10818/12248	88%
2) Pneumovax in pts >65 y.o. with at least on visit	498/1067	47%
3) Well Child Care Visits (3-6 y.o.) with at least one visit	857/1386	62%

Difficult Patients: Since the ACA we have been getting many more patients coming to see us for refills on chronic pain medication refills that were filled elsewhere. When they are evaluated and assessed to not be in pain or have a reasonable need for these meds they become angry and abusive to our providers. They are verbally abusive not only to our providers but especially to the front office staff and to other patients in the lobby. Patients have asked to be moved to another lobby because these patients are threatening them. We are in the process of arranging training on how to deal with the crisis patient and getting customer service training but what the providers would like is board permission to post a sign that we do not refill chronic pain meds that if the patient needs chronic pain medication we will be happy to refer them to a pain management specialist.

As a clinic we want to be known as giving excellent medical service not as the clinic where if you yell loud enough you can get narcotics. Can we create a policy to refer all these patients to pain management specialist?