The NEW MLK Hospital Model for Innovation

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Conflict of Interest

Sajid Ahmed, CHCIO, B.S.

Salaried Employee of Martin Luther King, Jr. Community Hospital Advisory Board Safety Net Connect
Agenda

• Introduction
• MLKCH Model for Community Engagement
• Design, Culture and Innovation
• Lessons Learned, Implementing Innovation
  – (and our EHR – The Collaborative Care System)
• What was Accomplished (and why/how?)
  – Recap of Lessons Learned
• Q&A
Learning Objectives

• Assess the unique healthcare and Health IT needs of diverse, low-income populations
• Evaluate and implement innovations and best practices for Health IT for underserved communities
• Determine effectiveness of Culture and the Innovation mind set in healthcare delivery setting
Building the Framework of a Connected Community

CAVEAT in “Innovation” – starting at zero; together we built infrastructure for:

- Collaborative community partnerships
- Innovative, integrated network of Health IT solutions
- Telehealth and Mobile Health
  - That identifies & closes gaps with care coordination
  - And increases patient satisfaction
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King Jr.
Community First: Baseline Needs Analysis

Health, Environment, Sociocultural, and Economic Factors Impacting Access to Care in South Los Angeles

- Chronic Health Conditions
- Fragmented Care
- Socioeconomic Barriers
The MLK Model: A Public / Private Partnership
Collaborative, Coordinated, Community-Engagement
Identity Statement

A private, non-profit, safety net hospital providing high quality, collaborative care for South Los Angeles and surrounding communities in partnership with the County of Los Angeles, University of California and other community providers
Mission, Vision, and Values

Vision
To be a leading model of innovative, collaborative community healthcare.

Mission
The mission of Martin Luther King, Jr. Community Hospital is to provide compassionate, collaborative, quality care and improve the health of our community.

Values
• Caring, Collaboration, Accountability, Respect, Excellence
Service Area Overview

Key Demographics:
- 1.35 million residents
- 46.0% age 15-44 years
- 70.4% Hispanic, 22.7% Black
- 64.6% of household incomes less than $50,000
- Health Professional Shortage Areas (HPSA)
- Medically Underserved Areas (MUA)
  - MD shortages across most specialties
### MLKCH Clinical Services

#### Licensed Bed Type

<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><strong>131</strong></td>
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</table>

#### Other Licensed Services

<table>
<thead>
<tr>
<th>Other Licensed Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<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>4</td>
</tr>
<tr>
<td>C-Section Rooms</td>
<td>1</td>
</tr>
<tr>
<td>Post-Anesthesia Care Unit</td>
<td>12</td>
</tr>
</tbody>
</table>

#### Scope of Inpatient Services to be Provided by the Hospital

- Anesthesiology
- Cardiology
- Emergency Services
- Gastroenterology
- General Medicine
- General Surgery
- Infectious Diseases
- Neurology
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Radiology
- Pulmonary Medicine
- Urology
Payer Mix

- Commercial: 2%
- Medicare: 10%
- Medi-Cal FFS: 24%
- Medi-Cal managed care: 39%
- Medicare dual-eligible: 2%
- Uninsured: 23%

*Based on ADC
An Innovative, Integrated Care Strategy

Los Angeles County Ambulatory Clinics
Shared Professional Staff

MLK Medical Campus
Innovation Hub/HealthCare Transformation

Medical Groups/IPAs
UCLA and community-based providers

Prevention, Education, and Wellness Partners
Learning Center, Wellness Center

Community-based Providers, FQHCs
Care Coordination; Shared Data

Partnering Hospitals
Tele-ICU/TeleHealth

Pre-Post Acute Providers
Home Visits

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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, Senior housing

Source: Initiative for a Competitive Inner City
“There has never been a better time to be an innovator in health care.”
Striking the innovation balance
Seeking value in a radically changing world
Design, Innovation and Culture...
Getting the Gears of Change Aligned

Culture

Process

People

Culture
“Give us your current orders, processes, policies and procedures and we will build your EHR.”

Problem: We didn’t have any

(And, by the way, we have no department directors, managers, or physician staff to participate)

(And we have an absolute no-can-fail deadline)
How do People Come Together...

Startup:
• Consultants, Consultants, Consultants = $$$
• Extensive Roadmap and pre-planning
• Subject matter experts (SME’s) = $$$
Down the Roadmap:

• Project management
  – Get the right people on the bus
  – Make the hard decisions on who is best for the job
  – There was no time to start over

• On boarding the permanent hires
  – Balancing flexibility between the expertise they bring to the table and avoiding letting every new hire from changing everything to mirror their old way
Approaching the completion:

• Down sizing the consultants
  – Varying the overlap (transition); do you have a competent hire in place?

• Looking for your super users

• Training new hires en mass

• Onboarding all new physician staff (beyond the EHR)
The EHR could not drive policy and procedure

- The paradox of building out the EHR before P&P
- Continuous change management with checks and balances
- Designated individuals with clinical and technical expertise communicating both sides of the processes
Rapid Design vs Cerner’s Method M

• Synopsis of Rapid Design and Method M
• “The best laid plans…”
  – You can’t be rigid
• Endless effort to “break the silos”
• Changing the roadmap on the fly
  – Examples (we were more than a Greenfield…)
Nurturing a Culture of Values and Leadership

• Re focusing on the mission and cause at hand
  – Dave Logan’s “Tribal Leadership”
  – Helping each other to a higher level

• When stressed, people revert to what they knew first
  – The learning curve(s)

• Understand different communication styles
  – “Crucial Conversations”
Creating a Culture of Values and Leadership

• Creating buy in after-the-fact
  – 100% usage, no choice, no alternative

• Moving forward:
  – “Refinement and enhancement” (Not do-over and “fix”)
  – An EHR is an never ending story, never complete

• Trust and Communication
  – Setting expectations to match reality
Our Core Values

- Caring,
- Collaboration,
- Accountability,
- Respect,
- Excellence
“IDEO’s Culture of… Helping

The Research on Collaborative Helping…

...Those considered most helpful tend to be the most trustworthy and accessible….
Seeking Health IT Innovations For Safety Net Populations

Evaluating Health IT for the Unique Needs of the Underserved & Underinsured
Health IT Considerations for Safety Net Populations

• Health IT infrastructure to support effective health information management, data analytics and quality reporting
• 24/7 Access to care
• Care management resources
• Integration of social and behavioral health services
• Patient education
• Partnerships across the continuum of care are essential
  – Move past go-it-alone/competitive approach
  – Expand physician capacity and strengthen collaboration
  – Develop shared resources
Bringing Innovation to the Community: Initial Outcomes & Next Steps
Strategies, Best Practices & Lessons Learned
Approach connectivity holistically, not individually.
<table>
<thead>
<tr>
<th>Pre-hospitalization</th>
<th>Inpatient</th>
<th>Post-discharge</th>
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<tbody>
<tr>
<td>• Pre-admit screening via eConsult/TeleHealth</td>
<td>• EHR secures past visit data &amp; real-time patient info feeding important data into the clinician workflow</td>
<td>• Discharge instructions using Care Coordination tools and MLK’s Mobile App to PCP and/or caretakers</td>
</tr>
<tr>
<td>• Planned admissions using risk profiles</td>
<td>• EHR identifies top opportunities according to patient information, prioritizing interventions</td>
<td>• Securing transitional care: TCC, PCMH, Home Health Agency</td>
</tr>
<tr>
<td>• In-home medical monitoring to detect necessary admissions</td>
<td>• Patient’s health record issues providers alerts of possible health risks to iPhones</td>
<td>• Assess patient’s needs and connect him or her with resources for continued care</td>
</tr>
<tr>
<td>• TCC helps high risk patients avoid unnecessary admissions</td>
<td>• Using Telehealth to connect Patients with Specialists</td>
<td>• In-home medical monitoring</td>
</tr>
<tr>
<td>• Health system navigation education to avoid unnecessary admissions</td>
<td></td>
<td>• Using Social Media and Mobile Apps</td>
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Care Team Communication
Accomplished to Date...

- Evaluated, selected, tested and integrated over 20 software packages
- Negotiated, contracted and managed over 36 vendors
- Integrated 57 unique medical device types into the our EHR
- Designed and implemented over 55 EHR modules
- Project Managed over 156 interfaces
- Developed over 3000 policies and procedures
Accomplished to Date...

- Added cabling and 350 wireless access points to support a high density network connectivity throughout the hospital
- Installed, tested and delivered Interactive Patient Care system in over 100 patient rooms
- Architected, engineered, installed, configured and tested over 1,000 unique hardware items in our Data Center, technical rooms, equipment closets and on the floors
Patient Satisfaction
Overall Rating of Care
94.4%

Compared to similar / “peer” group hospitals:

<table>
<thead>
<tr>
<th>CA Peer Group</th>
<th>All Peer Groups</th>
<th>Lg City / 100-300 Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>86%</td>
<td>87%</td>
<td>88%</td>
</tr>
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</table>
It's not the technology’s ability to work, but the peoples ability to work the technology
“Those who say it can’t be done are usually interrupted by others doing it.”

--the late James Baldwin, American novelist, essayist and playwright
Challenges & Lessons Learned

• Creating buy in after-the-fact
• “Refinement and enhancement” (Not do-over and “fix”)
• Trust and Communication:
  – Setting expectations to match reality
  – Re-focusing on the mission and cause at hand
  – When stressed, people revert to what they knew first
  – Understand different communication styles

“Great things in business are never done by one person. They’re done by a team of people.”
- Steve Jobs
Questions? Answers...

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