

Special Video Report Transcript

Headline: L.A. Care Health Plan's Elaine Batchlor Talks
About Efforts To Improve Safety-Net Care

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Elaine Batchlor, chief medical officer at L.A. Care Health Plan

"I'm Elaine Batchlor. I'm the chief medical officer at L.A. Care Health Plan. We are a public health plan that provides insurance coverage for approximately 800,000 residents of Los Angeles County, primarily through publicly financed programs."

"I think the opportunities for innovation in the safety net are very similar to the opportunities outside of the safety net, which is to improve quality, cost, patient experience, and, importantly, access to care."

"Some of the biggest challenges for quality and access for our patients really derive from the low funding of the safety net and the lack of participation in the program by a lot of providers, so we're looking for innovations that can make it easier for health care providers to provide access, even if they don't have a lot of resources. We also have a lot of members who have language challenges and literacy challenges and challenges navigating complicated health care systems, so innovations that make it easier, more convenient, things that address cultural needs are also welcome innovations."

"I think one of the biggest priorities for us -- now that we're addressing the changes that are coming through health care reform -- is how we're going to provide access to the increasing number of people that will come under our health plan and working with our providers to implement changes that make access easier, more convenient, lower cost. So one of the ways that we're seeing our patient population change is that right now, we're starting to bring in more complicated patients. So for a long time, the Medicaid program in California served a lot of women and children within managed care, and we're now starting to see seniors, people with disabilities, people with a lot of chronic illnesses also coming into our plan, and so we're starting to change our emphasis a little more toward how to manage patients who have chronic conditions."

"I'll give you a couple of examples of innovations that we've tried. One is an e-consult program that we piloted and that we're now scaling up for community clinics in the county health system, and it's real basic. It's an electronic platform that allows primary care and specialty physicians to consult with each other about patient cases, and it's been very beneficial. It's improved access to care by decreasing the number of face-to-

face specialty visits that are required. It's increased the patient satisfaction by more timely resolution of clinical issues. It's helped providers communicate more effectively; they have typed structured notes instead of illegible handwriting and no notes. So it's been a very successful pilot for us."

"Well, some of the challenges of innovating in a low-resource setting include a lot of things that arise from not having money, which is less money to hire staff and to hire people who have technical expertise; less funding for decreases in productivity that result when you're experimenting and trying something new; less money to invest in technology. Those are some of the primary challenges that we deal with."

"We're very interested in health information technology and how that can improve access and quality and efficiency. And we're also interested in innovations that involve either patients themselves providing self-care or lay people providing care. So one of the other innovative programs that we've developed is training lay members of our plan to be promotoras, or community health workers, and then having them go out in the community and be part of the health care delivery process."