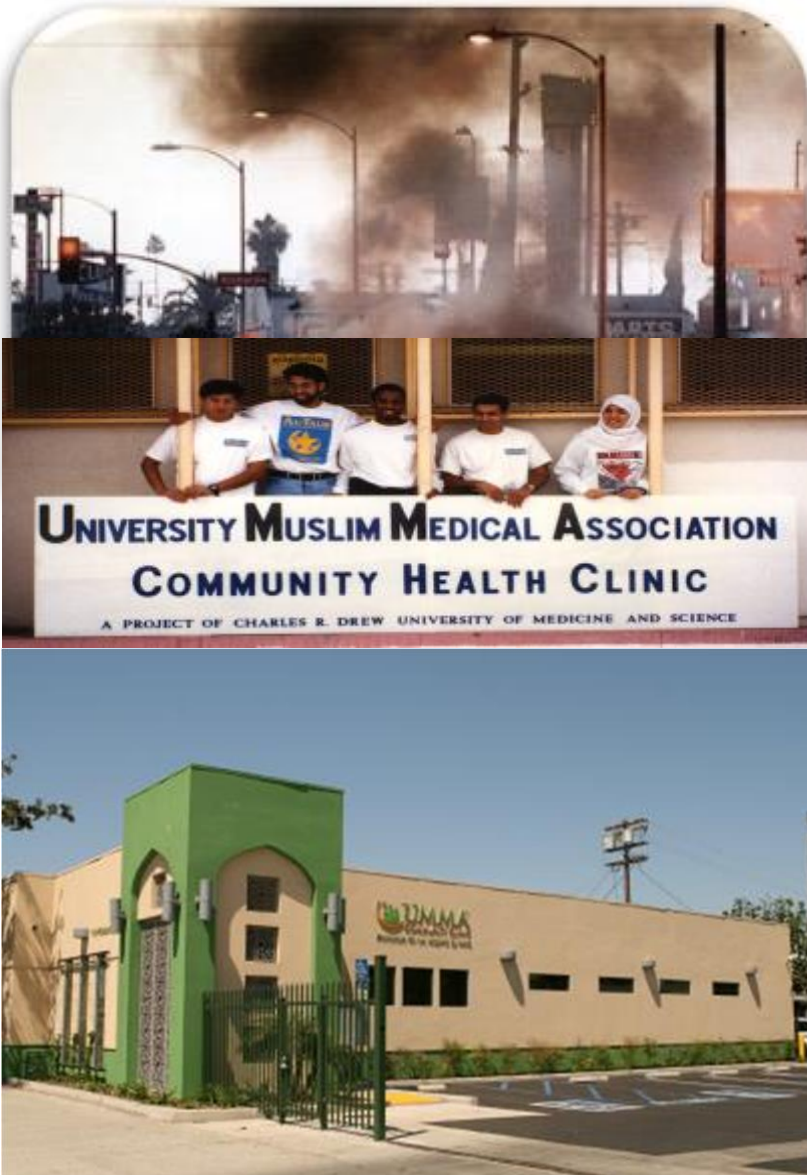


Healthcare for All: South L.A.

Dr. Yousef Turshani
Chief Medical Officer

Asst. Clinical Professor
Dept. of Pediatrics, Global Health
UC-Los Angeles
UC-San Francisco
June 28, 2017



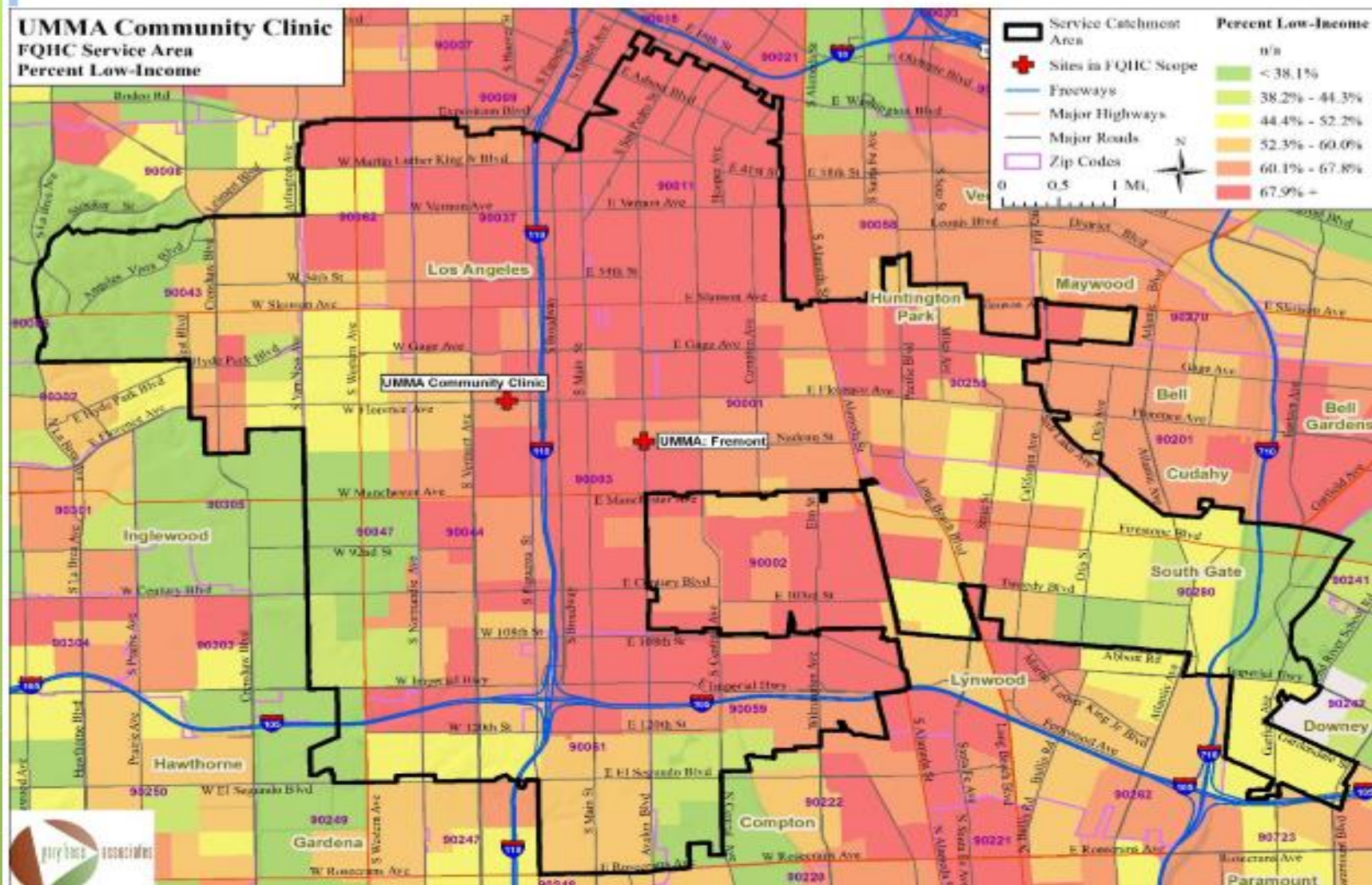


1992 UMMA Community Clinic was established by a passionate group of Muslim medical students from UCLA & Charles Drew University in the wake of the Los Angeles Uprising

The 25th anniversary of the uprising was in April.

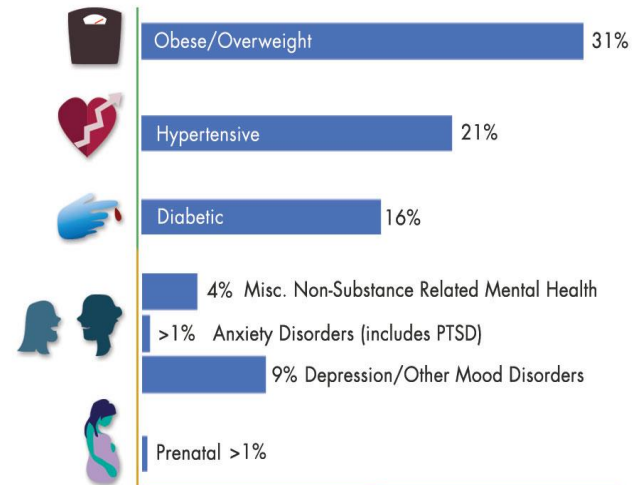
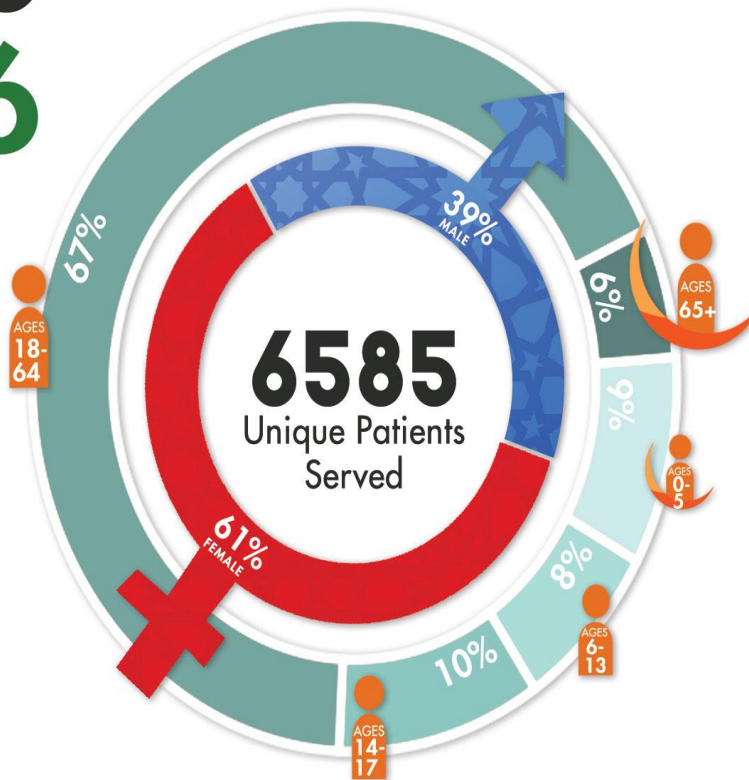
UMMA's mission is to promote the well-being of the underserved by providing access to high-quality health care for all, regardless of ability to pay.

UMMA Service Area



2016

Who We Serve BY AGE & GENDER



PATIENTS BY DIAGNOSIS TYPE

Patient Visits **22337**

Based on 2016 UDS Data

OUR SERVICES: THE WHOLE PERSON

- **Family and Internal Medicine**
 - Pediatrics/Childhood Immunizations
 - Family planning
- **Adolescent Medicine**
- **Women's Health**
 - Prenatal Care
 - Gynecology
- **Specialty Services**
 - Ophthalmology
 - Dermatology
 - Renal/Nephrology
 - Geriatrics

- **Behavioral Health Services**
- **On-site Laboratory**
 - Hepatitis C Testing
 - HIV/STI Testing



FREMONT WELLNESS CENTER & COMMUNITY GARDEN



A SAFE PLACE FOR STUDENTS & THE COMMUNITY

- Separate entrance for students & community members
- Broad range of primary and preventive health care services including:



- Prenatal care
- Mental health care & substance abuse services in partnership with Weber Community Center
- Sports Physicals
- Well Child Exams and Pediatric Immunizations

Highlights of Past Year



- CEO and CMO hired
- Full compliment of providers
- Expanded hours
- Integration of behavioral health
- Re-launched pre-natal services
- Outreach:
 - Canvass event reached 1,500 households
- Strong financials:
 - Net revenue of close to 500k two years in a row.
 - Four years of clean audits
- Culturally responsive services:
 - Black Vision of Wellness
 - Bilingual providers
 - 75% of staff are from the community
- Robust teaching site: NPs, MDs, MFTs, MAs
- Change management

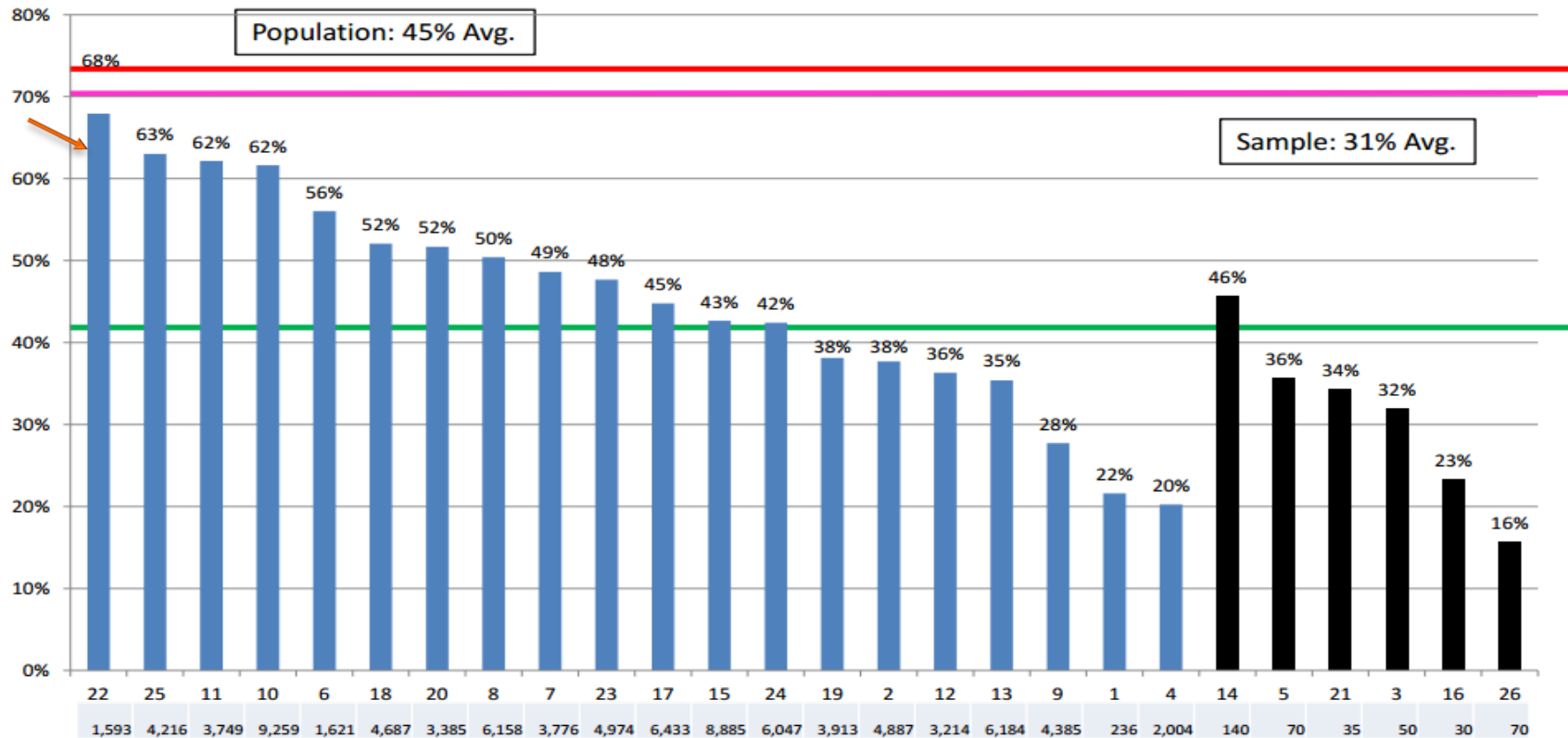
HEALTH DISPARITIES IN SOUTH LA



- 45% of adults & 18% of children have **difficulty accessing healthcare** (half due to affordability)
- 31% of residents live **below the Federal Poverty Line**
- Highest **obesity rates** in LA County- 29% of children and 33% of adults
- **1** Physician per **10,000** residents, and **1** Pediatrician per **10,000** children
- 8 in 100 babies are born underweight, 6 in 1000 die
- Highest **death rates** for lung cancer, diabetes, heart disease
- **Poor access** to safe parks, quality fruits/vegetables
- 13% of children have a primary caretaker at risk for major **depression** is 13.0%
- 78% of students have experienced between 4-6 **traumatic life events**
- 25.1% have less than a 9th grade **education**

August 2016: Comparison

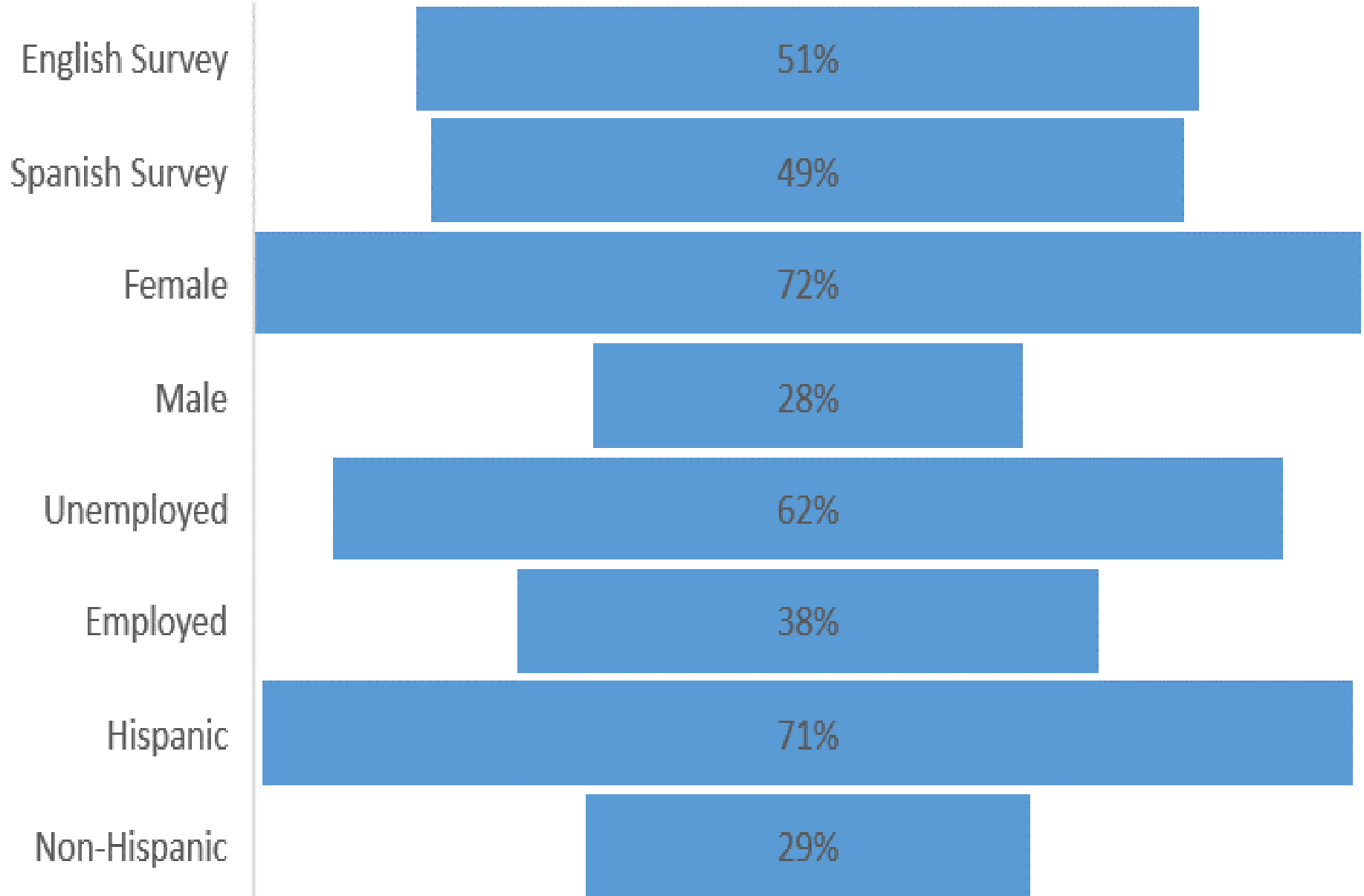
Colon Cancer Screening CCALAC Average = 42%



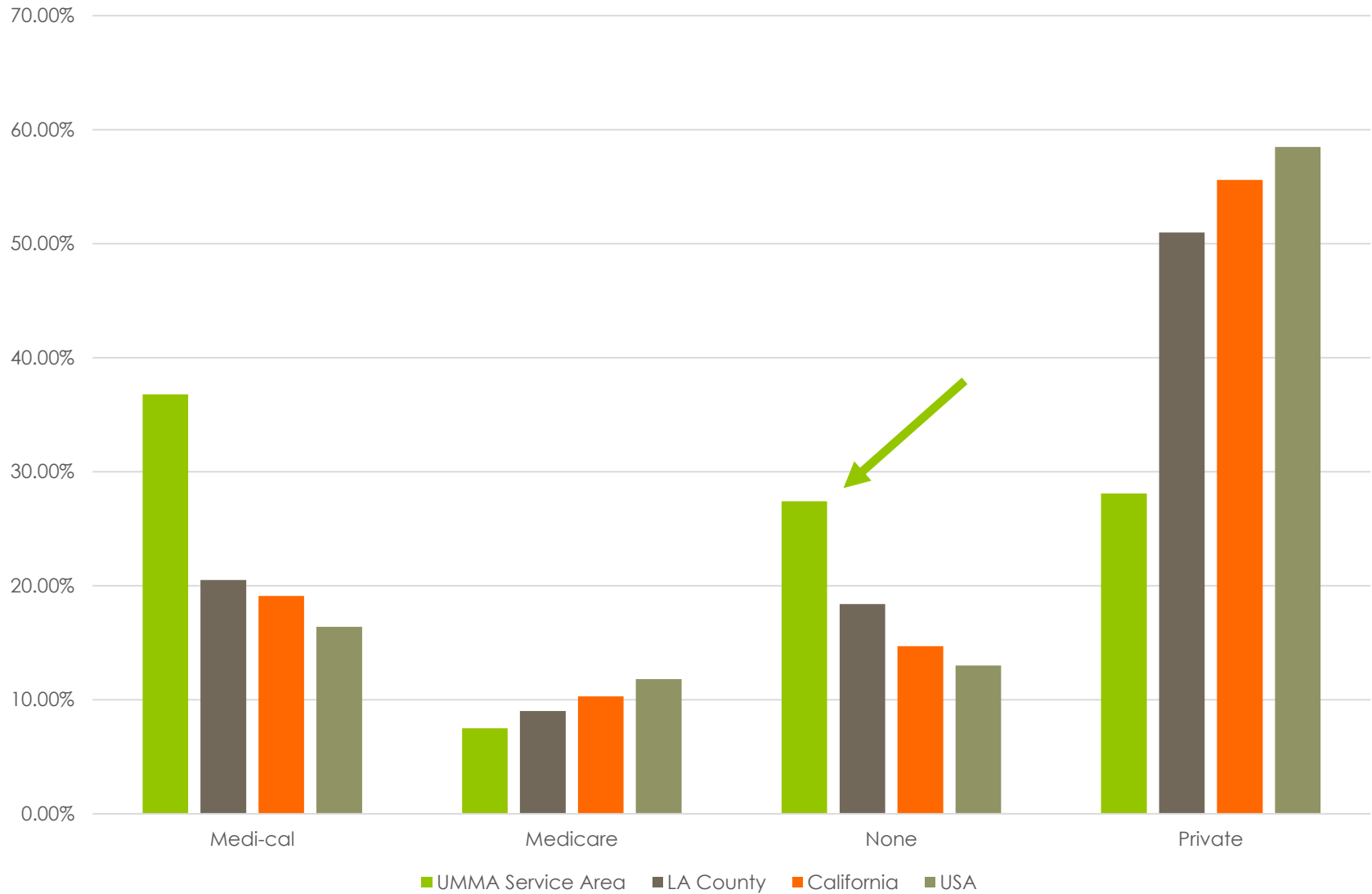
of Charts Audited

Healthy People 2020 Benchmark	Commercial National Best	Medicaid National Best	CCALAC Average	Medicaid National Average
71%	74%	No Data	42%	No Data

Respondents



Insurance Type





My Health LA (MHLA) OVERVIEW

Slides provided by:

**Amy Luftig Viste, Program Director, My Health LA
Dept of Health Services, County of Los Angeles**

MHLA: BACKGROUND

- Even after implementation of the ACA there remained uninsured
- DHS has long history of providing health care for this population
- DHS Annual Budget: **\$4 Billion**
- For almost 20 years, DHS has partnered with community-based clinics to provide primary care services to uninsured residents
- MHLA began in October 2014 and continues this partnership in a post-ACA environment.
- MHLA is not insurance – those enrolled in MHLA still uninsured
- MHLA Contracts with 51 agencies representing approx. 200 sites

MHLA Eligibility

To be eligible for MHLA, a person must be:

- Uninsured and lack access to a full-scope health program
- Not eligible for publicly-supported health insurance (e.g., Medi-Cal, Covered CA)
- Los Angeles County resident
- Age 19 and older (kids 18 and under are on Medi-Cal)
- Household income at/below 138% of Federal Poverty Level (FPL)

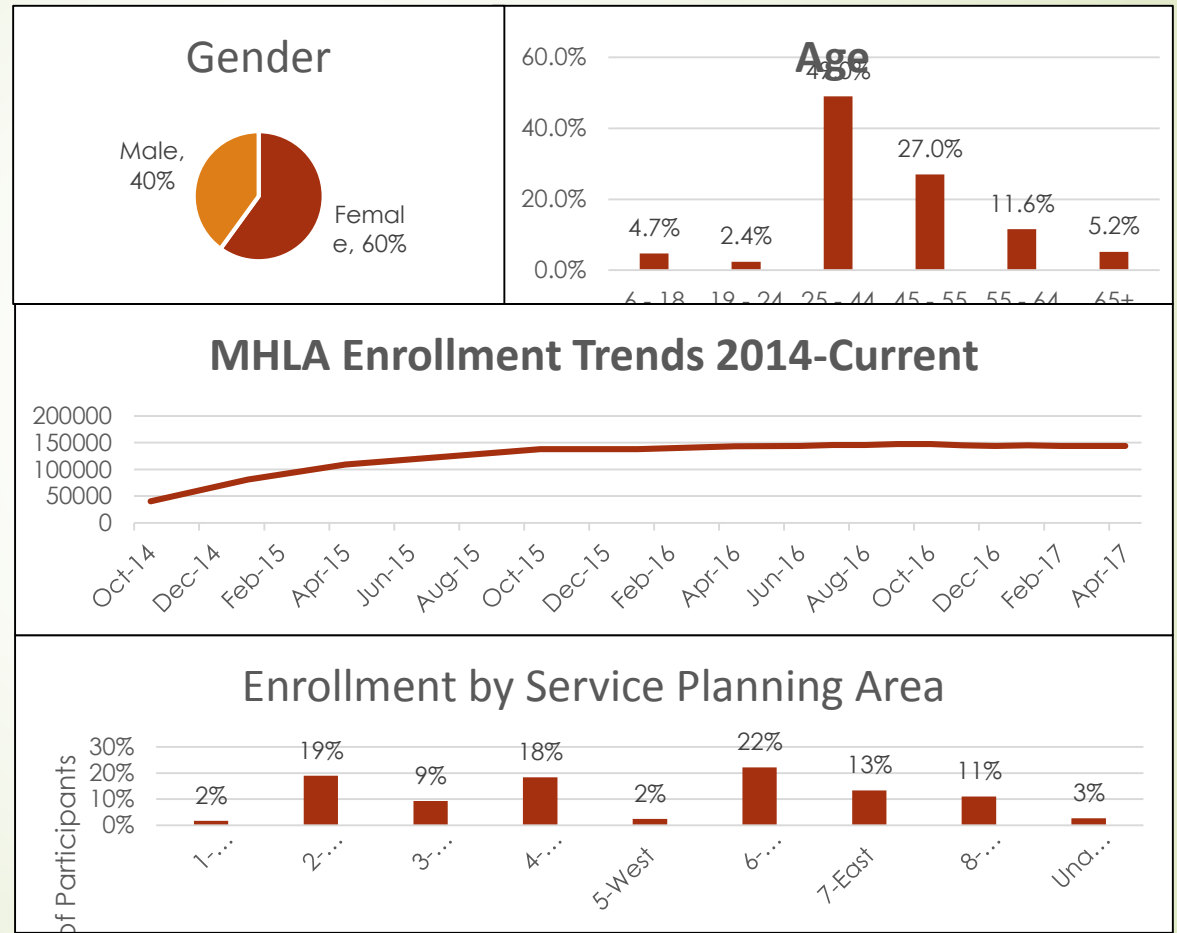
MHLA Funding

- \$61M Los Angeles Board of Supervisors allocation for Community Partners (CPs)
 - \$56M for primary/preventive care and pharmacy
 - \$5M for dental

- Monthly Grant Funding of \$32 per participant per month
 - \$28 for medical
 - \$4 for pharmacy (Phase I)

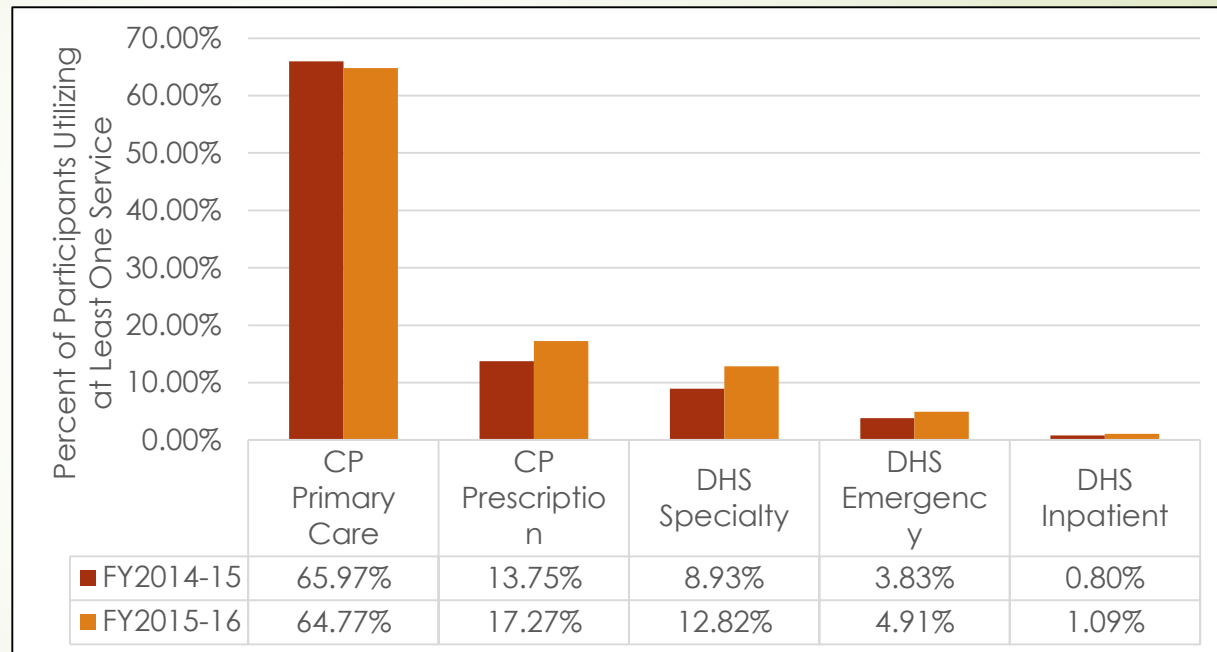
MHLA Demographics and Enrollment Trends

- **143,618** enrolled as of April 2017
- FY 2016-17 Renewal plus Re-enrollment rate **69%**
- **94.4%** are Latino
- **91.8%** Spanish speaking
- **SPA 6 (South LA)** highest percentage of enrollees at 22%



MHLA Utilization Trends

- **65%** of MHLA enrollees have a visit
- MHLA enrollees who have a visit average **3.2** per year
- **13%** of MHLA participants have a DHS specialty visit
- **5%** of MHLA participants visited a DHS ER last year.

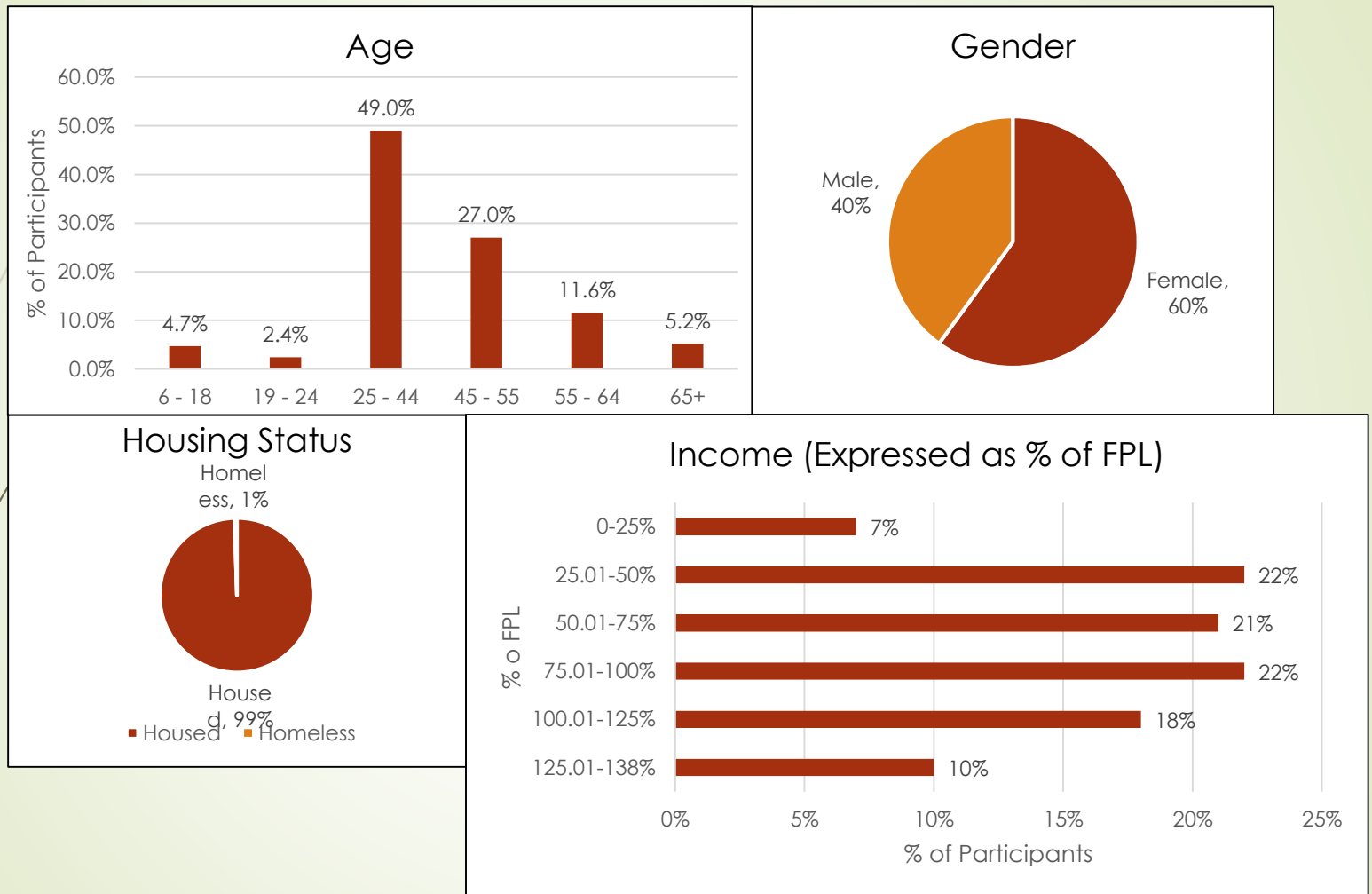


Fiscal Year	Avoidable ED Rate
2014-15	15.96%
2015-16	16.33%

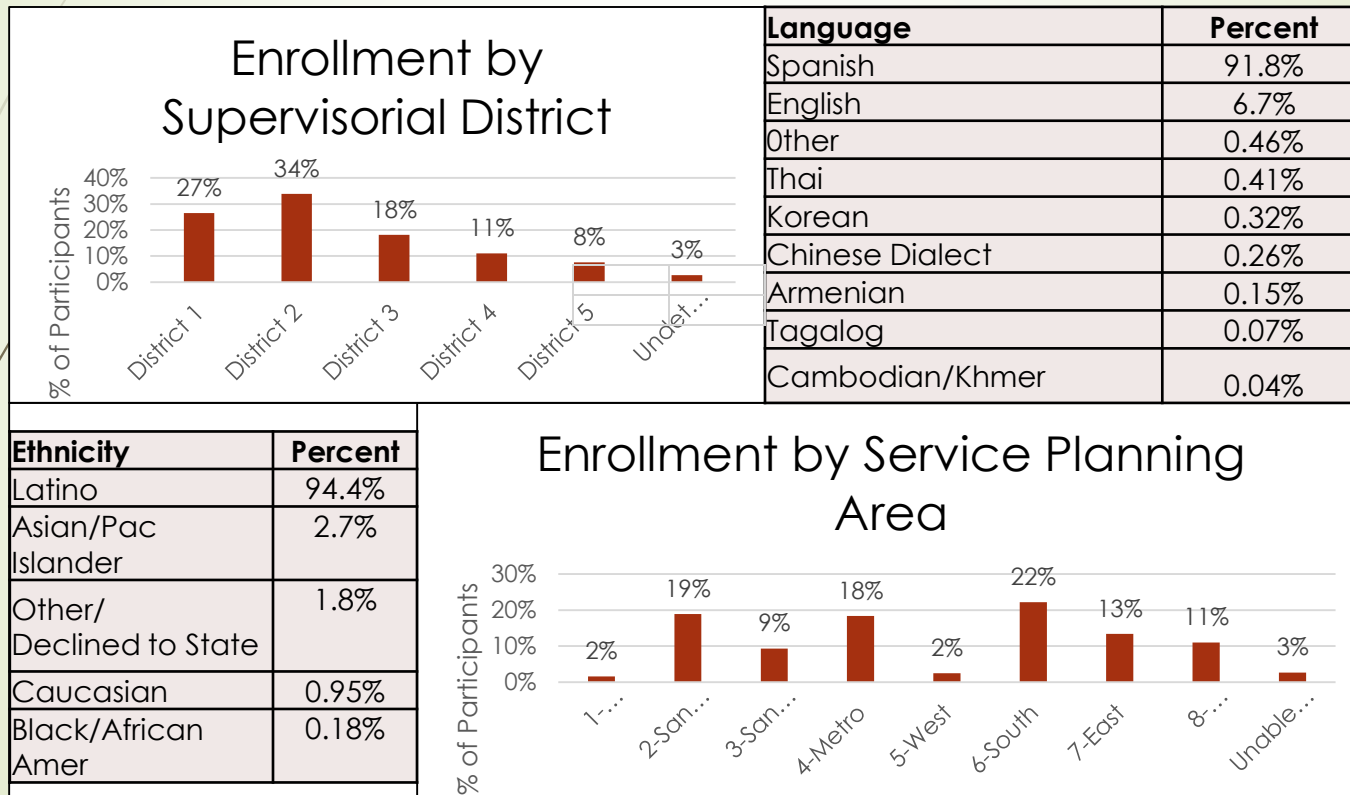
Fiscal Year	Readmission Rate
2014-15	15.17%
2015-16	13.95%

Participant Demographics – Age, Gender Housing & Income

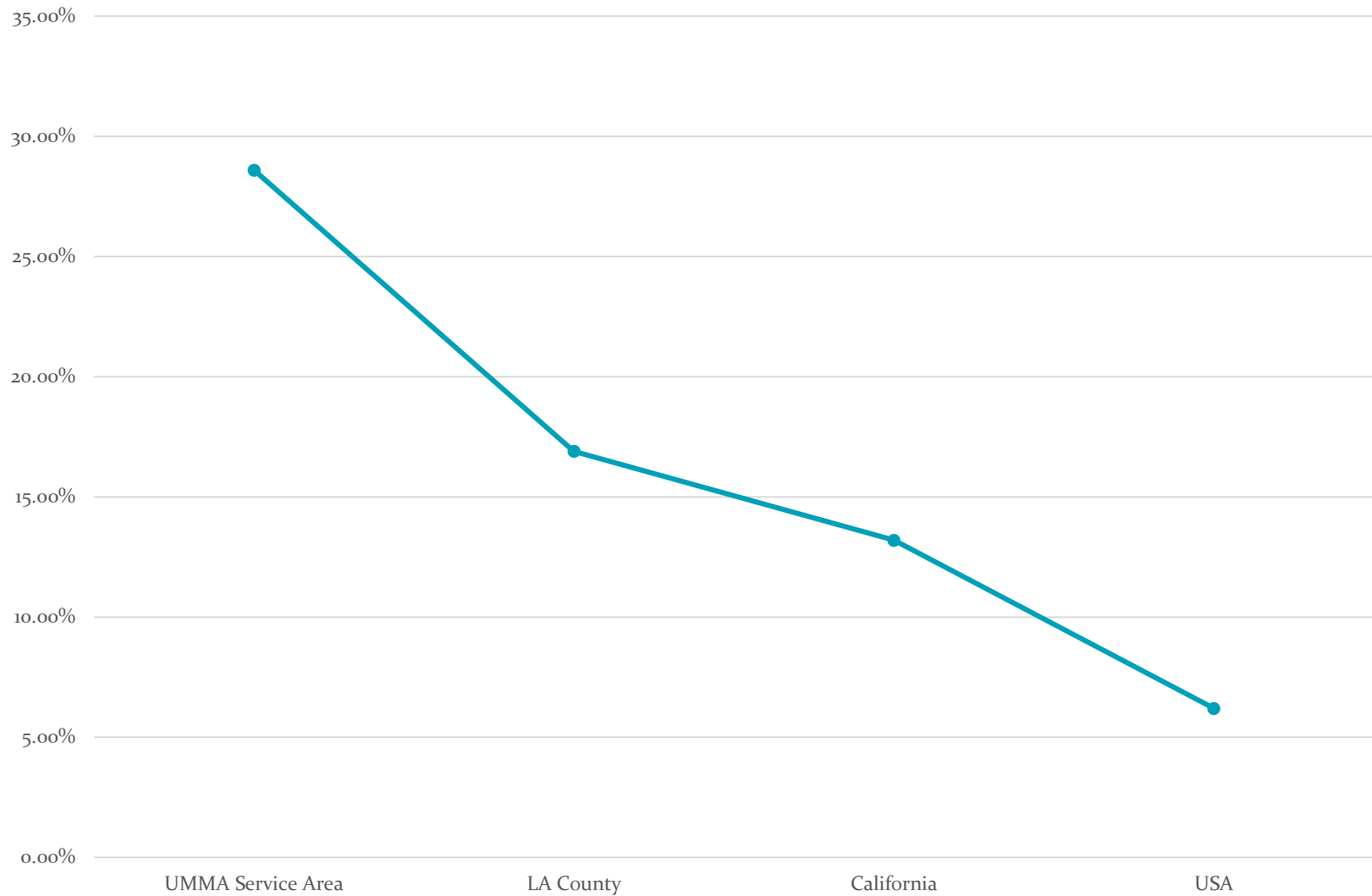
20



Participant Demographics – Ethnicity, Geography & Language



Overcrowded rental



Recommendations

1. Based on the large number of Hispanic/Latinos in the area, and in particular, the number of Spanish-only speaking individuals:
 - We must strive to have bilingual staff as well as utilize translation services in order to be linguistically responsive.
2. Based on the level of educational attainment in the service area,
 - Health literacy services may be of great benefit to the community UMMA serves.
3. Supportive services such as housing and employment are needed for the community serves
 - UMMA must strive to maintain strong referrals and linkages. In the future, patient navigation services may be part of value-care packages.
4. Considering the high birth rates in the community area that UMMA serves, pre-natal services are highly needed.
 - UMMA needs to continue strengthening its prenatal care services.

Recommendations

5. Based on insurance type figures in the service area, UMMA should look to increase its services to those on Medicare.
 - Considering also the high number of uninsured in the service area and the national changing healthcare landscape, UMMA should project the impact to the financials a possible increase in self-pay patients.
6. There is much community trauma in the surrounding neighborhoods.
 - UMMA should enhance its level of mental health services addressing community trauma.
7. UMMA will want to create certain prevention campaigns targeting different groups- i.e. flu vaccine campaign for children.
8. Due to lack of stable car access or a larger percentage that rely on public transportation
 - UMMA might consider creating a transportation service program to help increase access to care



“When you walk in the door, you feel safe – like a little piece of heaven in the middle of chaos.”

Norma Arambula, Consumer Board Member

My daughter's 1st
birthday party

