



## Toolkit for Accompanying Our Uninsured from ER to Medical Home

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### TABLE OF CONTENTS

Transforming Our ED to a Center of Excellence for Uninsured.....	2
Planning.....	3
Project work .....	5
Evaluation and dissemination.....	7
Challenges, successes, and lessons learned.....	8
Recommendations .....	10
Appendix .....	11

### ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: [rwjf.org/leadershipforbetterhealth](http://rwjf.org/leadershipforbetterhealth)

### ABOUT THE TOOLKIT

This toolkit can be used as a guide for those who wish to transform their Emergency Department (ED) into a Center of Excellence for uninsured patients. The objective for such transformation is to optimize a patient's ability to obtain insurance and resultant health services, thus recontextualizing an undocumented status as a modifiable social health determinant. For more information contact:

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# Toolkit for Accompanying Our Uninsured from ER to Medical Home

The Los Angeles County Department of Health Services (LAC DHS), proudly serves our most vulnerable neighbors: uninsured and undocumented individuals. We are the second largest public healthcare system in the nation, with nine health centers, four hospitals, and three Emergency Departments (EDs). Around 300,000 patient visits per year occur in our EDs and half occur at our largest ED LAC + USC. We are the safety net for our 1.5 million residents who remain uninsured. Half of our uninsured patients are concurrently undocumented, a group of special significance to us<sup>1</sup>.

Uninsured patients leave our EDs without holistic support and navigation to insurance programs and appropriate medical homes, resulting in suboptimal care for the most vulnerable patients. This financially burdens both our patients and medical centers. Our team refuses to see undocumented immigration status as an insurmountable and immutable barrier for insurance access. Nor a barrier for health service access. Many of our patients, dually undocumented and uninsured, miss the opportunity to stabilize their health and families by connecting to legal partners.

## Transforming Our ED to a Center of Excellence for Uninsured

We worked towards transforming our Public EDs to a Center of Excellence for Uninsured Individuals to optimize patient's ability to obtain insurance, and resultant health services. We showed proof of concept for our residually uninsured population throughout the duration of the project, with dual navigation to legal service providers to provide immigration stabilization and insurance navigation. This recontextualized undocumented status as a modifiable social health determinant.

For our residually uninsured patients, we identified barriers to insurance access and referred to resources: Social Services for patients experiencing homelessness, and Immigration Legal Services for patients whose barrier is immigration status and identity documents. For patients with socially complex barriers to health insurance access, we provide social service navigators via community navigators in our ER waiting room. This is an "augmented" service provided in conjunction with patient financial services, ideally in real time and at bedside without disrupting patient flow.

Finally, we planned for project sustainability through the formation of and the establishment of a fellowship position that doubles as a leadership role, developing "Lunch and Learn" educational sessions for staff members on-site at various medical locations, and integrating the findings of our work into the medical education curriculum for incoming medical students to transform the culture of health. We hope to model and nationally replicate our enhanced immigration sensitive medical legal partnership serving our residually uninsured, and concurrently undocumented patients.



**“Genius is in the idea.  
Impact comes from  
action.”**

**– Simon Sinek**



**Health Services**  
LOS ANGELES COUNTY

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<sup>1</sup> <http://centerforhealthreporting.org/article/despise-expanded-health-insurance-la-county-faces-big-challenges>

## Planning

This team identified the wicked problem we tackled because our multidisciplinary team-members individually found that the highest utilizers of ED services were individuals experiencing homelessness, substance misuse, mental illness, and those who are undocumented. LAC+USC has an on-site partnership with The Wellness Center (TWC), which provides convenient and relevant solution services to most of the patient population we serve. However, our team discovered that a majority of clients were not accessing these services due to a lack of knowledge surrounding The Wellness Center's location or the available services offered. For our undocumented clients, the fear of sharing more information that may lead to exposing their status was a primary factor in obtaining access to service. In an attempt to address these needs, some of our team members worked on developing personal connections with other agencies for referrals and some team members reached out to individuals we had personal relationships with who could possibly help.

While our team's efforts and newly established referral pathways were a good starting point, it was still not addressing the root needs of our clients to our expectations. We knew we needed more support to provide care that is up to our standards. Thankfully, the Affordable Care Act was enacted shortly thereafter, and in an instant, a majority of our clients were able to obtain services. However, during that time, we discovered a major group that did not qualify for care under the Affordable Care Act: our undocumented client population. Our team then felt it was imperative to search for support on a larger scale. We learned of and applied for the RWJF grant because it allowed us to tailor funds to our needs, therefore allowing us to focus on providing quality care for the undocumented population. We recommend hospitals, agencies, and entities providing emergency services to seek additional funding via grants such as RWJF to assist them with the building stages of implementing a program on this scale.

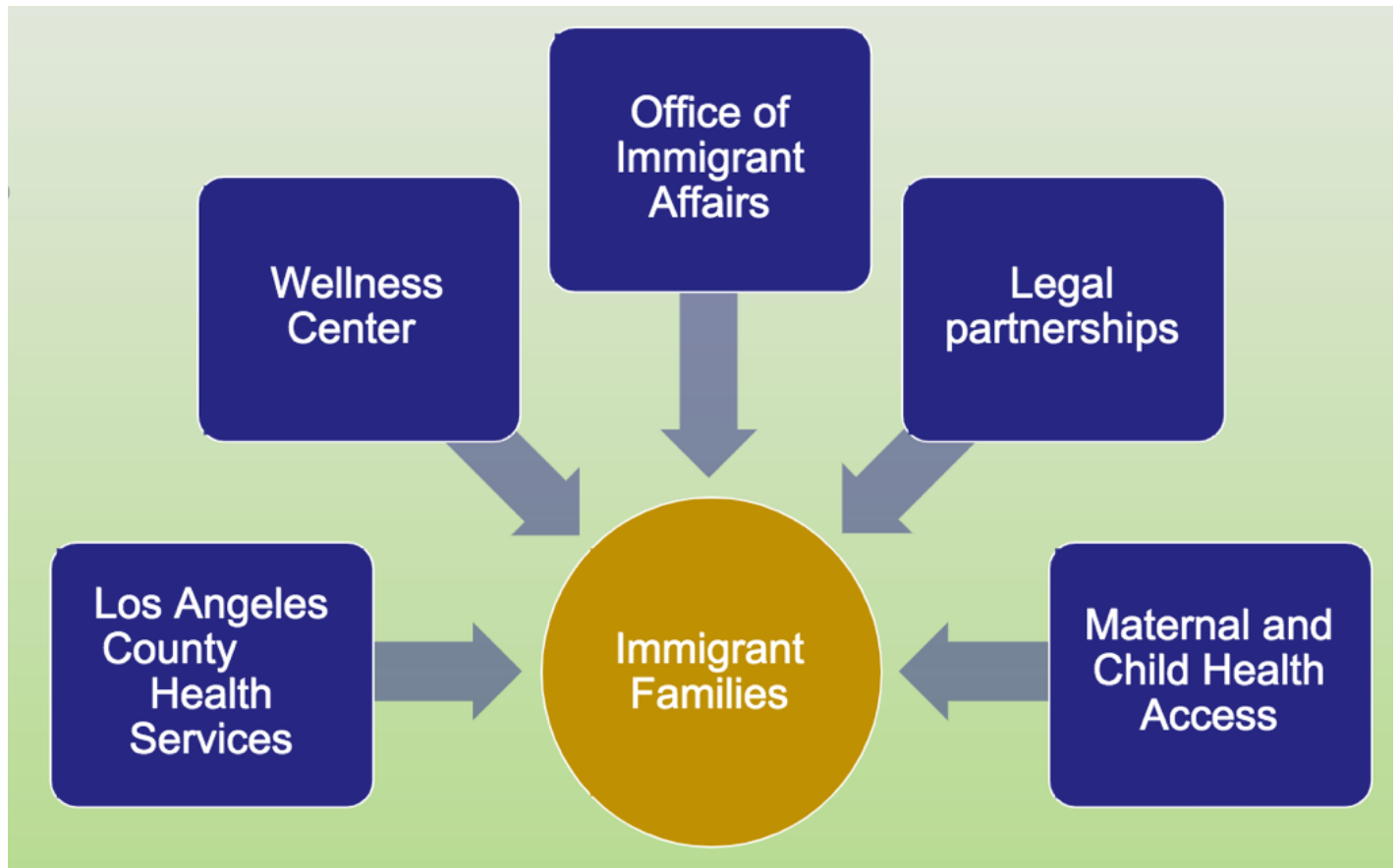
### KEY SKILL SETS

First and foremost, it was incredibly important to form a leadership team of members with multidisciplinary backgrounds and roles. By having a representative from different non-intersecting departments, our team was able to design a project with many possible barriers in mind prior to implementation. It also allowed for team members to network across their diverse fields and involve key stakeholders from those various arenas. Leveraging the skills of those in various disciplines was important to our overall success. There are many facets to this type of work, and the different skill sets are needed for the journey. It was also important for our team to include representation from every department that a client would encounter while going through our project to provide input to our leadership team. This includes but is not limited to: Those working on the front line in the ED, those with experience in the outpatient setting, social work, and administration in order to help round out the perspectives and provide a different lens for our project.



### TEAM COMPOSITION

- Rebecca Trotzky, MD, MS: Lead, Medical Director, Jail Services & Urgent Care
- Charmaine Dorsey, MSW, LCSW: Clinical Scholar, DHS Director, Utilization Management and Social Services Support
- Kathleen Garvin, BA, RN: Clinical Scholar, Assistant Nurse Manager
- Oscar Smith, PA-C: Clinical Scholar, Physician Assistant
- Patricia Evans, MPA, MSW, LCSW: Clinical Scholar, Chief of Clinical Social Work



### COMMUNITY AND PARTNERSHIPS

Our team believes in the importance of collaboration and community partnerships. Our internal multidisciplinary team was an advantage and a necessity when engaging these collaborators and community partners. For clinical implementation, we collaborated with the Chief and Chair of the Public Emergency Department, the Director of Whole Person Care, and the Community Association of Los Angeles and My Health LA partners Patient Advisory Counsel. For developing immigration issues, we collaborated with the Office of Immigration Affairs, who in turn led us to involve *Al Otro Lado*, an agency that provides immigration legal services for project implementation.

Our pilot site implementation advisory group includes our Patient Access Center, Patient Financial Services & Registration, USC Allied Health Professional Schools, and LAC+USC Clinical Informatics team. We also involved a number of partners for research support, including the Division of Research & Division of Global Medicine at the Department of Emergency Medicine, the Gher Center for Health Systems Science at USC, and finally the Immigrant Health Initiative at USC. In conclusion, it was essential to involve health agency leadership such as the C-suite of DHS Hospitals and My Health LA SEIU 721 Labor Representation.

### FUNDING

Our organization received other funding to support our patient navigation program, particularly in enrolling uninsured patients in healthcare plans, as well as connecting patients to other support services and referrals to legal aid and resources. However, the particular emphasis of this project's focus on immigration screenings and referral to no-cost, low-cost legal services for immigration has been funded through RWJF.



## Project work

In order to successfully integrate our project into the large-scale, multidisciplinary set of services on LAC+USC's campus, there were a number of steps our team strategized to take. This included extending current staffing and enhancing current work practices, providing complex care services, investing in proper workforce trainings to strengthen knowledge and care, and streamlining referral pathways to follow up care. While there were many possible avenues to implementing our program, these steps were time and resource appropriate for our team to attempt the highest level of successful outcomes.

### I. PROGRAM EXTENSION

Our goal was to extend the program two-fold, first with program staffing and next by bolstering mechanisms for client identification. Therefore, first step in our project's work was to extend our current navigation program by hiring Community Health Workers (CHW), who would be supervised by Licensed Clinical Social Workers (LCSW) for uninsured patients with Hospital Presumptive Eligibility (HPE). Next, we developed and deployed screening tools to identify residually uninsured patients, which is a hidden population in the ED.

### II. CONTINUATION OF CARE

Once we expanded the program to include additional qualified navigation staff members and enhanced screening tools, the goal was to continue to provide complex care services in the ED with LCSW's for socially complex residually uninsured patients. The aim was to achieve our program outcomes with a more comprehensive staffing profile, as it was taxing to plan for our targeted results in a highly active location such as our public ED.

### III. WORKFORCE TRAINING

The newly developed staff and system needed time to get acquainted with the process and program. Once an understanding was refined, it was important for the RWJF team to reinforce and enhance staff skillsets surrounding appropriate program needs. Therefore, the team developed a workforce training seminar for CHW's & front-line Patient Financial Workers (PFW) about Medi-Cal eligibility with Legal Services at The Wellness Center. The goal was to better educate staff members about the intricacies of working with this particular clientele and how our program can be utilized in this process to better assist the needs of our target population.

### IV. STREAMLINE PATHWAYS

Once we completed an educational component for program and surrounding involved staff members, our next area of focus was to explore how to improve our referral processes. Thus, the next step for the team was to streamline pathways to follow up care. In order to achieve this goal, the objective was to systematize the referral process to the My Health LA community clinic network and the Continuity Care Centers, which is run by the Clinical Scholars. Following this systemization process, the final goal is to scale up this newly developed coordination to all public ED's.

## RELEVANT ARTICLES



- [Los Angeles Times: California is poised to extend healthcare coverage to seniors living in the U.S. illegally](#)



- [Kaiser Family Foundation: Some immigrants, fearful of political climate shy away from Medi-Cal](#)

#### IV. CONNECT TO IMMIGRATION SPECIFIC CARE

Once a client is successfully referred to The Wellness Center, a navigator connects the client to our in-house legal partner, Al Otro Lado (AOL) to identify the legal barriers the client has to obtaining a medical home and develop a plan to start addressing those barriers. These are free immigration legal services for our low-income and uninsured ED patients. Part of this benefit also includes continued case management and representation from AOL attorneys. By addressing the root cause of a client's barrier to care, there is higher chance of successfully connecting an undocumented client to a medical home.

**Program: Emergency Room to Primary Care Logic Model**

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
Los Angeles County: Board of Supervisors  Department of Health Service Administration  Robert Wood Johnson Foundation: Clinical Scholar Fellowship  RWJF team: "All In"  Office of Immigration Affairs  LAC+USC Emergency Department Administration  Wellness Center @ LAC+USC/ Navigator  Multiple Community Agencies working for Immigration issues	Education of Health Care Providers, staff members, administration of project  Collaborate with Patient Financial to streamline application process for patients in the ER  On board attorney for immigration issues (in third year, LA County began a Medical/Legal partnership with attorneys embedded in medical center)  Place Navigator in the Emergency Room  Follow and facilitate access to information	Administration member from each of the offices listed below  Emergency Room health care staff  Clinical Social Workers  Navigator from Wellness Center: RWJF oversight  Patient Financial Workers  Attorney for immigration issues  Office of Immigration Affairs  Patients using ER for non-emergent medical issues	Attention brought to the lack of medical care and follow up to uninsured patients  The loss of revenue to both patient and medical center  Staff, administration and community beliefs revealed about the right to health care  The desire to move all patients toward preventative and wellness care  Create a streamline system for MediCal applications  Create a pathway to immigration information with the possibility of improved healthcare	Monthly inter-professional conference call on immigration specific health equity for Dept. of Health Services  Lunch and Learn sessions: planning committee with the Office of Patient Access  Discussion with Board of Supervisors and leadership to develop a program specific fellowship opportunity  Preliminary financial feasibility for long term sustainability for public cost	Medical/Legal Partnership in Medical Centers and Clinics  Project focus toward education of immigration issues  Focus on information surrounding Public Charge  Continue partnership between Patient Financial Services  Determine what could be automated with "low touch" staffing

## Evaluation and dissemination

Our evaluation plan highlighted six key components in an attempt to complete a comprehensive program evaluation. These components include screening, education, referrals, case services, improvement of health, and replicability and sustainability. Details for each faction is described below:

- **Screening** – Legal needs screening in ED workflow for uninsured patients, Positive screens training, validate screening process. Ensure staff adhere to agreed upon operational process.
- **Education** – Campaign on role of immigration and insurance status in health care. Measure knowledge changes pre/post intervention.
- **Referral** – Refer positive legal needs screens to legal partner. Measure rate of referrals compared to rate of successful engagement in legal services. Assess patients understanding & acceptance.
- **Case Services** – Develop bidirectional case management platform between medical and legal agencies. Measure legalized status, per number of cases accepted.
- **Improvement of Health** – Track how many patients with modified immigration status subsequently achieve health insurance. Explore positive externalities of legal status: stabilization of employment & housing. Evaluate cost effectivity of program, capturing full economic benefits.
- **Replicability and Sustainability** – Demonstrate return on investment and market immigration services to undocumented patients as effective investment for public hospital systems.

## Sustainability plan

"Most of us live our lives by accident-we live as it happens. Fulfillment comes when we live our lives on purpose"  
(Sinek, 2016)



"Lunch & Learn" educational sessions for staff members on-site across DHS locations



Developing & establishing a fellowship position doubling as a leadership role



Enhancing partnerships & identifying tangible actions & outcomes with LAC OIA & the DHS Office of Diversity

## DISSEMINATION

We aimed to measure both quantitative and qualitative data to capture valuable information to better inform our practices and influence this work for future use. Both utilizations of data were disseminated in methods and to audiences most appropriate for this project. Details are as follows:

- **Quantitative Data** – Patient Financial Services and Financial Officers tracked total visits in ED, rate and number of uninsured patients, HPE new applications, started applications for Medi-Cal, completed/submitted applications for Medi-Cal, and the deny/approval rate for applications. We tracked the success of immigration legal services, Office of Immigration Affairs and Whole Person Care, and intended on tracking cases referred to legal teams, rates completed intakes, cases who are provided services, and resulting outcome of the legal case. We requested the ability to track cases who resultantly are eligible for insurance after immigration services and status modification.
- **Qualitative Data** – Researchers in implementation science will be asked to provide research support such as stakeholder interviews and focus groups.



## PROJECT IMPACT STORY

Near the end of the project, a colleague and married mother of three's husband was deported. Stressed and confused about how to navigate a complex legal system, she spent a significant amount of money attempting to locate her husband and help him return. She was left to care for their children and all of their needs with a limited income, while grieving the loss of her husband's presence and the impact his absence had on their children.

**Thankfully, she was able to connect with the Medical Legal Community Partnership for support, guidance and resources. Although her experience was challenging, she was got some relief in the process with supportive navigation, information, and tangible resources.**

This story highlighted the importance of understanding how our colleagues may have parallel experiences to the patients we serve on a daily basis. Our own staff is not exempt from the realities we depicted in our Wicked Problem: they need support and resources too. We believe that we have changed the lives of families who thought they needed to live in the shadows and ignore their healthcare needs due to the fear of being deported and separated from their families.

## Challenges, successes, and lessons learned

Within the process of implementing this project, the team has experienced many challenges along many with periods of success. Overall, we learned that the educational “Lunch and Learns” sessions for staff members were successful by ensuring that program and collaborating staff members were on the same page in terms of relevant knowledge regarding the program and operating it successfully. Next, leveraging support from the Board of Supervisors was crucial to integrating this project successfully on the LAC+USC campus. Generally, committing to regular team meetings was a challenge. As a comprehensive team, finding the desired amount of time to dedicate to the monitoring of the project along with time to convene as a group was difficult. However, the team understood the importance of meeting as a group and the value it brings to the project when it can be accomplished. Finally, the team learned how the political charge of the initiative can greatly affect services and service delivery. The team had to learn how to manage and adapt to the ever-changing climate in order to address any changes that may need to occur in the project for its sustainability.

## CHALLENGES

As described prior, the team encountered several challenges throughout the implementation of this project. The first was learning how to manage the capacity of the identified legal partner for the project. Meaning, learning how to adapt to limitations of the legal partner services and how to operate those limitations in tandem with the complexity of the cases referred to the legal partner. To overcome this hurdle, it was key to have clear communication with the legal partnership. Once



expectations and realistic goals are set, it was also easier to then implement another partnership if necessary.

Next, as mentioned before, the political climate greatly affected our project considering our target population. The conflicting agendas of political leaders in addition to the inconsistent policies and competing priorities of those policies greatly affected the program by affecting the clientele. To overcome this challenge, it was important to stay abreast of political news and policies that effect the project. Strategizing next steps became slightly easier if we were aware of policies from the beginning as opposed to being surprised by it after the fact.

Finally, the greatest challenge for the team to overcome was time. While three years may seem like an ample amount of time, it was challenging to follow the goals set in the original timeline with the time limitations the RWJF team experienced. The method the team chose to overcome this common hurdle was to do a phone meeting every other week at a minimum before everyone got started with their day. This allowed for the team to check in with one another and speak about updates in the moment, which meant problems were solved in a timely manner compared to the time it takes via email.

## SUCCESSSES

With every challenge, there were also many instances of success within this project. For example, two successful events were the Health Care Equity for All Summit and the Immigrant Health Summit. Both had over 100 attendees each that ranged in disciplines from medical providers, to attorneys, community organizers, social workers, and primary care physicians. Feedback for each event was highly positive, as respondents stated they learned something in each session that will help them in their work, that they will follow up with at least one person they met that day, and that they would recommend this event to others.

Another example of success for our project is the general outcomes by the closing date. Meaning, our high volume of new intakes, number of referrals to the project from the ED, and number of consultations with our legal partner. Despite the challenges surrounding the political climate and limitations in service with our legal partner, our team was pleasantly surprised with the overall number of clients we were able to service for the duration of the program and continue to serve moving forward.

## SHIFTS IN THINKING

One of the main shifts our team had to adjust to was to include the navigator in the emergency department directly versus in an office away from the setting. This required our team to have a change in our conception of where team members are traditionally located. Another shift involved our legal partner. There were some priority and capacity issues identified and it was clear that the dynamic with the legal partner was not accomplishing the intended goals, so we decided to amicably part ways. Accepting a major change in our original plan required our team to change our initial concept of how we thought it could be accomplished and pushed us to rethink our goals and brainstorm new ways to meet these goals.



**In 2018, 2782 (42%) intakes at came through the ED referral pathway:**

- 2296 (83%) of these patients were referred for health advocacy
- 47% eligible for Medicaid or Medi-Cal insurance
- 38% eligible for My Health LA – community program

**Of those who used insurance enrollment services, 441 (19%) also utilized immigration legal services.**

## Recommendations

When working with uninsured populations with socially complex barriers such as individuals experiencing homelessness or undocumented individuals, it is important to stay abreast of the current political climate surrounding these issues. This toolkit may act as a guide for implementing a project with this target population into a large-scale, multidisciplinary medical service entity. This also toolkit provides general steps and considerations for methods of implementation that are applicable in a variety of entities, regardless of size, and is useful for those interested in providing more comprehensive services for this target population.

### GETTING STARTED

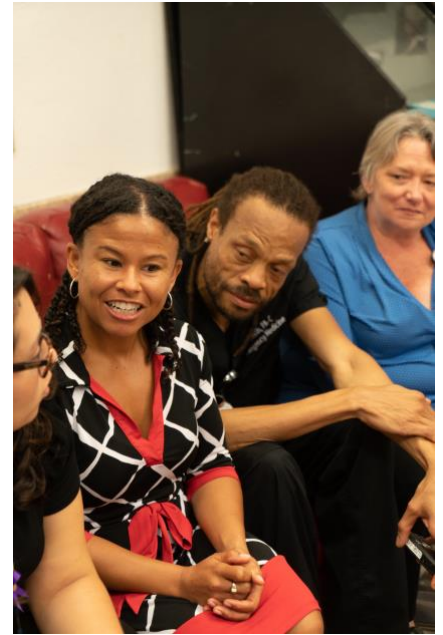
It is incredibly important to consider how local policies for these groups may affect the implementation of this project in your area. Therefore, the first recommendation is to be aware of the policies for patients who are homeless and individuals who are uninsured due to an undocumented status. Once there is a clear understanding of those policies, it is then recommended to strategically plan the optimal methods of implementation for your area. In this strategic planning, consider educating staff on the policies or limitations, and expanding tools to include the proper terminology for these groups. Finally, if your team decides to partner with legal agencies, it is valuable to clarify expectations and limitations the agency may have when providing legal services to these populations. It is essential to educate the team and involved staff members on these limitations and prepare ways to address these limitations as to not disrupt services for clients. Most importantly, create space and dedicate time for RWJF team members to meet in person and discuss the monitoring of the project in manner that works for everyone.

### BEST PRACTICES

Utilize funds to help set strategy and a project plan at the beginning. In addition, building in an evaluation at the start would have been helpful to guide the work, determine if we are meeting established goals and provide some context and information to make changes and make the work sustainable. Thinking through these at the beginning would've been helpful as a framework.

Identify key stakeholders and establish a plan for continual engagement. I would also recommend thinking about sustainability at the beginning of the project so that project activities, shifts, additions, etc. can serve as a guide toward those sustainability goals. Don't be afraid to fail and to make iterations to your project based on what you learn along the way. Lastly, ensure tangible support from the leadership organization. Time can be challenging but if you have support from leadership to do this work then you can make it a priority. Keep choosing challenging problems and don't back down due to the political charge of some issues. There are many skills to be gained in the experience. We are the voice to some that do not have a voice and we want to leverage our platform to speak out and advocate.

Pick your team, support staff, and legal team carefully. Make sure everyone is on the same page and understands the beginning, middle, and end of project goals. Divide the workload and have regular meetings. Have a project manager for timelines, meetings and written summaries. Take time to enjoy your team members because they will be an important part of your life and memories.



### NOTEWORTHY CONSIDERATIONS

We understand the passion and desire to assist these populations at a fast pace, as the wicked problem only seems to grow larger by the day.

However, it is imperative to avoid hasty decisions or implementation of services without careful consideration and planning. Meaning, it is not recommended to partner with agencies or organizations due to factors such as convenience or immediate availability.

Another example of this is to avoid promptly providing services without educating the internal staff members and staff members who will indirectly be involved about the project and its relation to their workflows.

Finally, it is not recommended to have important discussions or check-ins about the project exclusively through email for the duration of the project.

## Appendix

### MARKETING MATERIAL



# Primary Care Clinics LOOKING FOR A DOCTOR?



**If you are a low-income resident in Los Angeles County looking for a doctor, we can help. Please call any of our clinics listed on the back to see if they are accepting new patients:**

**Or, you may be able to get care at a community clinic that partners with the County through a program called My Health LA.**

To learn more about the My Health LA program, please call 844-744-6452 or visit [dhs.lacounty.gov/mhla](https://dhs.lacounty.gov/mhla)

**For more information, visit [dhs.lacounty.gov](https://dhs.lacounty.gov)**