

Evaluation of the Achievable Health Center

Prepared for:

L.A. Care Health Plan

July 2015

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July 2015

This report was supported by funds received from the L.A. Care Health Plan. The analyses, interpretations, and conclusions contained within this report are the sole responsibility of the authors.

Suggested citation:

Pourat, N., Padilla, J. Evaluation of the Achievable Health Center. UCLA Center for Health Policy Research. Los Angeles, California. July 2015

Executive Summary

The Achievable Health Center (Achievable) was licensed as a community health center in September 2013 to deliver integrated and patient-centered care to individuals with developmental disabilities and in response to a dramatic growth in this population over the past decade. Achievable addresses a significant gap for individuals with developmental disabilities who have limited access to the unique blend of services required to address their complex and intensive health care needs. Achievable is co-located with the Westside Regional Center (WRC) in Culver City and an adult dental practice that provides care to this patient population.

Achievable received a grant from the L.A. Care Health Plan to establish its operations and provide culturally-appropriate, accessible, affordable, comprehensive, coordinated, high quality health services to individuals with developmental disabilities. This report assesses the progress of Achievable towards the six specific goals identified under this grant by the end of the first year of operations. Achievable succeeded in attaining the majority of these goals as highlighted below.

The evaluation goals included (1) obtaining FQHC Look-Alike status, (2) capacity expansion, care delivery model, (3) health information technology (HIT) comprehensiveness and functionality, (4) population health management, and (5) sustainability efforts. UCLA examined Achievable's progress toward its goals and objectives from the time that Achievable began operations on September 30, 2013 until September 30, 2014.

Obtaining FQHC Look-Alike Status

Achievable exceeded this goal by receiving a full Section 330 Federally Qualified Health Center (FQHC) status in November 2013, instead of the FQHC Look-Alike status that does not receive section 330 funding. The rapid attainment of this status was, in part, attributable to an early Health Resources and Services Administration (HRSA) planning grant that had identified the need for a dedicated health center for individuals with developmental disabilities due to presence of disparities in access to care for this population. The high rate of poverty in Achievable's service area (which includes the Los Angeles County Department of Public Health Service Planning Area (SPA) 5 and parts of SPA 6 and SPA 8) and its co-location with the Westside Regional Center were other likely contributing factors to the success of this application.

Capacity Expansion

Achievable succeeded in expansion of its capacity to provide care by increasing its space, hours of operation, the size of providers and staff, and infrastructure during the evaluation period (September 30, 2013 – September 30, 2014).

- Achievable expanded its space from 2,608 to 3,078 square feet of space by the end of the evaluation year. Additional space to expand to 4,000 square feet was available for future expansion.
- Hours of operation were expanded to 40 hours during business hours and 2 additional hours one evening per week. Access to physician consultation afterhours and on weekends is also provided.
- Achievable expanded its clinical staff to 1.63 full-time equivalent (FTE) leadership staff, 1.42 FTE clinical staff, 1.5 FTE clinical support staff, and 3 FTE administrative staff at the end of the evaluation year.
- Achievable provided comprehensive primary care, integrated pediatric neurology, psychiatry, and care coordination services on-site. Additional behavioral health, adult dental care, and social services were provided in close collaboration with the Westside Regional Center.
- Achievable purchased and operationalized an electronic health record (EHR) during the evaluation year.
- Achievable provided care to 401 unique patients in this time period, with a total of 915 encounters. The majority of the patients (49%) were ages 18-44, 45% were female, 60% were Latino, and 12% spoke languages other than English.
- The majority of patients (66%) had developmental disabilities, including 52% who were considered patients with complex care needs. A large proportion (48%) had both a developmental disability and another acute or chronic condition during an encounter.
- The majority of patients had some form of insurance coverage, including 43% who had Medi-Cal, 23% with Medicare, and 15% from other sources. Nearly one fifth (19%) did not have coverage.

Care Delivery Model

The complex nature of individuals with developmental disabilities was demonstrated by Achievable providers and staff. Many patients are nonverbal, have multiple conditions, and have frequent behavioral crises that require specific and specialty expertise for effective delivery of care. These issues lead to further complexities including undiagnosed or poorly managed conditions when patients are first seen at Achievable. As a result, the time required to diagnose and treat these patients may be an hour or longer (rather than the standard 15 to 20 minutes) and may require two or more encounters to complete. Primary care providers (PCPs)

and medical assistants (MAs) work on building trust with patients and have other calming techniques and interviewing skills to ensure accurate diagnosis and effective treatment. The patient care coordinator manages all referrals and provides the essential link between patients and external services, particularly social services. Clinical staff participates in regular quality improvement activities to enhance the patients' experiences and improve patients' health. Achievable had capacity to provide timely access to care including same-day appointments and had a wait time of about one week for most patients.

HIT Comprehensiveness and Functionality

Achievable purchased and implemented an EHR system called *SuccessEHS*. The system was implemented and performed at approximately 50% of the ideal functionality as described by the Chief Executive Officer (CEO). This was a significant achievement since the system required substantial customization. The system includes essential practice management, e-prescription, and pop-up and reminder features. Achievable continued to improve the functionality of the system during the evaluation year and planned several future improvements. The system lacked registries or a patient portal, which may be added in the future.

Population Health Management

Achievable clinical staff conducted population management activities including providing immunizations and screening patients for preventable conditions such as depression and conditions specific to individuals with developmental disabilities such as osteoporosis and constipation. These activities are designed to reduce emergency department visits and hospitalization by monitoring health status and patient experience.

Sustainability Efforts

Achievable made significant progress towards sustainability in the first evaluation year. These efforts included obtaining full FQHC status which led to receipt of Section 330 federal grant funds and a favorable FQHC Prospective Payment System (PPS) reimbursement rate; contracts with independent practice associations (IPAs) and managed care health plans that insured a secure patient base; and grants and gifts from foundations and individuals. Achievable also undertook outreach activities to inform multiple audiences, including patients and funders, of its existence and mission via health fairs and quarterly newsletters, and scaled up its efforts to participate in collaborations with potential for future partnerships including other regional and health centers in the area.

Achievable made significant progress along all the evaluation criteria within one year of its operations. The organization has built an effective care delivery model that is uniquely suited to the needs of individuals with developmental disabilities and has progressed significantly towards financial and operational sustainability. Areas of future growth include increases in population served, space and workforce, and HIT functionality.

Introduction

The Achievable Foundation was established in 1996 by the Westside Regional Center (WRC) to serve the needs of children and adults with developmental disabilities (DD) and their families. The organization's mission is to improve the quality of life for individuals with autism, intellectual disabilities, cerebral palsy, Down's Syndrome, epilepsy, and other developmental disabilities. Under the individual license of physicians, The Achievable Foundation provided limited levels of primary, neurologic, and psychiatric care. In 2005, the board of directors of the Foundation prioritized provision of medical care and partnered with two Federally Qualified Health Centers (FQHCs) to provide care through those health centers. However, the challenges of delivering care to the developmentally disabled population in mainstream settings led to a strategic decision to establish a dedicated site to better serve this population. In May 2012, The Achievable Foundation received a grant from L.A. Care Health Plan to help establish the Achievable Health Center (Achievable) and to significantly expand the capacity for care. Achievable was licensed as a "community clinic" by the California Department of Public Health as of September 30, 2013.

The Achievable Health Center was established to respond to an urgent need for delivery of integrated care using providers with sufficient expertise and competency to care for the growing number of individuals with developmental disabilities. Data from the California Developmental Disability Services System indicated a 283% growth in number of individuals diagnosed with autism from 2000 to 2011. The incidence of other major developmental disabilities including mental retardation (35%), epilepsy (21%), and cerebral palsy (19%) had also grown since 2003.¹

Individuals with developmental disabilities are often medically complex. An estimated 40% are estimated to have four or more comorbidities.² Evidence of higher rates of preventable mortality, poor access to preventive care, and inadequacies in receipt of mental health care has been established in a previous report by the Surgeon General in 2001.³ However, the distinct needs of this population frequently go unaddressed due to the fragmentation of care and lack of coordination between providers.² Limitations in provider training and lack of orientation to the unique needs of individuals with developmental disabilities further complicate receipt of adequate, appropriate, and comprehensive care from a diverse array of primary care, medical specialists, behavioral health specialists, and other providers.² Difficulties in access to pediatric subspecialty care further compromise the ability of individuals with developmental disabilities to receive necessary services.⁴

A few effective models of integrated health care delivery for individuals with developmental disabilities have been in operation in U.S. and more are emerging.⁵ For example, Premier HealthCare (New York) provides an integrated medical home in an academic health center offering primary care and immediate access to specialty care including social work and dental services. The Westchester Institute for Human Development (New York) focuses on coordinated health care providing primary care, a broad array of specialty services including social work and physical, speech, and occupational therapy, and easy access to social services. Among newly emerging efforts, the Developmental Disabilities Health Center (Colorado) focuses on the provision of multidisciplinary fully integrated services for adults including mental health, membership networks, and care coordination. Health care is provided by a multi-site Federally Qualified Health Center partner organization, and two additional partner organizations provide mental health and substance use treatment and independent living resources.^{2,6}

These examples of effective models highlight the importance of providing comprehensive primary care, integrated specialty care, integrated social services, and other wraparound services that are required to fully address the extensive needs of individuals with developmental disabilities. Intensive collaboration and partnerships between medical and social and community-based organizations is essential in creating effective models of care.

In California, the 21 Regional Centers that are established under the Lanterman Developmental Disability Services Act, can be the partners of choice for such collaborations with medical providers. Regional Centers serve approximately a quarter of a million individuals using case management and counseling to assist families in securing needed services. In addition, Regional Centers provide a broad array of social services as well as mental health services, behavioral intervention, and physical, occupational, and speech therapy among others.⁷ Regional Centers may also provide funds for medical and dental services.

Structure and Goals of Achievable Health Center

Achievable is designed to deliver comprehensive primary care as an FQHC serving the population of the greater Los Angeles area. The organization integrates neurology and psychiatry specialty care into the primary care setting to provide essential services for individuals with developmental disabilities under one roof. Co-located with the Westside Regional Center in Culver City, Achievable closely collaborates with WRC staff including social workers and behavioral health specialists to deliver additional wraparound services. Achievable also has the ability to refer patients to a co-located adult dental practice that specializes in providing care to individuals with special health care needs.

Achievable's overarching objectives under the grant from the L.A. Care Health Plan included (1) expanding services to all community members, regardless of insurance status and ability to pay, and (2) offering developmentally, and culturally-appropriate, accessible, affordable, comprehensive, coordinated, high quality health services.¹

The initial goals of Achievable under the grant were (1) to provide care through an on-site medical home with care coordination, multidisciplinary team-based decision-making, patient registry, telemedicine, and transportation and social supports for the developmentally disabled and their families; (2) to improve the health of clients through comprehensive health surveillance, chronic disease and medication management of the health center's patients; and (3) to lower costs by reducing the numbers of emergency department visits and hospitalizations of this high risk population.²

Achievable's ongoing quality improvement efforts also addressed the health center's strategic quarterly workplan targets, which were aimed at establishing a sustainable care delivery model by obtaining multi-year funding commitments from partners and funders; developing and implementing an information technology system for necessary reporting to funders; and creating and implementing ongoing marketing and community outreach materials.

To attain the initial goals and meet workplan targets, Achievable planned to expand the scope of services offered, expand its space and hours of operation, provide care to more patients, and develop an electronic medical record (EMR) and a comprehensive health information technology (HIT) system. Furthermore, Achievable planned to obtain an FQHC (Federally Qualified Health Center) Look-Alike status, seek managed care contracts, and obtain foundation and/or private contributions to remain sustainable after its second year of operation.

¹ The Achievable Foundation's Ad Hoc Application to L.A. Care Health Plan's Community Benefit Programs, Community Health Investment Fund (CHIF).

² Roland Palencia (Community Benefits Programs Consultant at L.A. Care Health Plan) through Elaine Batchlor, MD, MPH (Chief Medical Officer at L.A. Care Health Plan), memo to Executive Committee, April 16, 2012.

Evaluation of Achievable

Goals

L.A. Care Health Plan required an evaluation of Achievable's progress in reaching its goals and objectives as outlined in the health center's work plan as a condition of receiving the grant. The UCLA Center for Health Policy Research (UCLA) was selected to conduct this evaluation. The evaluation aimed to examine the following aspects of Achievable's progress:

- 1) Obtaining FQHC Look-Alike status**
- 2) Capacity expansion**
- 3) Care delivery model**
- 4) HIT comprehensiveness and functionality**
- 5) Population health management**
- 6) Sustainability efforts**

UCLA examined Achievable's progress toward its goals and objectives from the time that Achievable began operations on September 30, 2013 until September 30, 2014. However, data collection continued through February 2015 because Achievable's grant with L.A. Care Health Plan was extended beyond its original period.

Data and Methods

UCLA gathered qualitative and quantitative data from Achievable to conduct this evaluation. UCLA gathered the qualitative data through on-site and telephone interviews throughout the evaluation period. First interviews were conducted in December 2013 with Achievable's Chief Medical Officer (CMO) at the time, Dr. Alicia Bazzano, the Health Information Technology & Facilities Manager, Christopher Barrett, and a Consultant at The Achievable Foundation, Alejandro Soschin. At an all-day site visit in January 2014 and about three months after Achievable began operating, UCLA interviewed the Director of Operations, Francisco Cacho, the health center's Medical Assistants (MAs), Yessenia Lopez and Patty Najera-Ponce, Christopher Barrett, and Achievable's Family Physician, Dr. Mark Benor. Between March 2014 and June 2014, UCLA conducted additional on-site interviews with Dr. Alicia Bazzano, Achievable's Pediatric Neurologist, Dr. Ari Zeldin, one of Achievable's Pediatricians, Dr. Annie Jeng, and a Consultant from Greg Facktor & Associates, Arda Bardakjian, who served as the Interim Director of Operations. Additional follow-up phone calls were also conducted with Dr. Alicia Bazzano, Christopher Barrett, and Arda Bardakjian to clarify data delivery timelines and to discuss data limitations. A third set of interviews were conducted between October and November 2014

with Achievable's new Chief Executive Office (CEO) Carmen Ibarra, Christopher Barrett, Yessenia Lopez, Elizabeth Gomez as the care coordinator, Dr. Mark Benor, and Dr. Annie Jeng as the new Interim Medical Director.

UCLA also obtained quarterly administrative data in aggregate from Achievable. The availability of the quantitative data was highly dependent on the capabilities of the newly implemented HIT system, *SuccessEHS*.³

³ SuccessEHS is a Practice Management and electronic health record vendor for Federally Qualified Health Centers based in the state of Alabama. The system is intended to help manage clinical and financial information required to meet federal and community-based health care reporting obligations.

Obtaining FQHC Look-Alike Status

Achievable exceeded this goal by receiving a full Section 330 Federally Qualified Health Center (FQHC) status in November 2013, instead of a FQHC Look-Alike status without section 330 funding. The Achievable Foundation was rewarded a Health Resources and Services Administration (HRSA) planning grant before Achievable was established. This grant allowed the Foundation to explore various options in delivery of medical care to the Westside Regional Center and other consumers in the community. Findings from these initial pilots concluded that establishing a dedicated health center would be the best option for serving individuals with developmental disabilities in the area. These findings were included in the Foundation's application for a New Access Point grant to establish the FQHC and may have contributed greatly to the success of the application and its rapid approval without the need for multiple submissions. The application was submitted in the spring of 2013 and Achievable was awarded the New Access Point grant in the fall, on November 1, 2013. The success of the application was likely also due to the dearth of other FQHCs that focus on individuals with developmental disabilities. Achievable was also able to demonstrate that their target population had a high level of poverty and significant disparities in access to care. Co-location with the WRC may have also contributed to establishing Achievable's ability to provide comprehensive and integrated care to a small degree. By the end of the evaluation period, Achievable successfully augmented the HRSA grant to hire a dedicated outreach and enrollment employee.

Capacity Expansion

Achievable planned to expand its capacity by expanding the services provided to include a full continuum of medical, dental, and mental health services on-site or through strategic partnerships. This expansion was to be accompanied by increasing the available space to 4,000 square feet, increasing the hours of operations to 40 hours per week; expanding its patient base to about 900 patients and about 2,500 visits; obtaining and implementing a state of the art HIT system; and obtaining the ability to track quality and performance data.

Space and Hours of Operation

Achievable is located on the 4th floor, in the same building as the Westside Regional Center. Achievable initially had 2,608 square feet of space that included four exam rooms, laboratory space, triage room, consultation rooms, and administrative space. Meeting rooms are also used for health education and community events. As of December 2013, Achievable expanded to 3,091 square feet adding more administrative space (Exhibit 1). Exam rooms are equipped with adjustable beds. The recently renovated facility is clean and sunny. Therapy rooms are spacious and furnished with a computer for physicians to document encounters in the electronic health record (EHR) system, as well as couches and toys for patients and their caregivers. The break room doubles as a conference room for team meetings and can easily accommodate the entire staff during meetings.

Achievable can expand into 4,000 square feet in an adjacent space once demand for care increases beyond current levels. Achievable plans to expand clinical space by converting the current administrative space to clinical space and moving the administrative space elsewhere in the building. Achievable is looking for such administrative space before expanding the clinic space. Achievable is currently operating Mondays, Wednesdays, Thursdays, and Fridays from 9:00am to 5:00pm and Tuesdays from 9:00am to 7:00pm. After-hours phone calls are received by a phone service with access to an on-call physician for urgent care needs.

Exhibit 1. Achievable Health Center Space Designation

Space Designation	Number of Rooms	Square Feet			
		12/31/2013	3/30/2014	6/30/2014	9/30/2014
Total Space		2,608	3,091	3,091	3,091
Exam Rooms	4 rooms	434	434	434	434
Consultation (or therapy) Room	2 rooms	325	325	325	325
Vitals Room	1 room	86	86	86	86
Laboratory	1 room	140	140	140	140
Conference and Administrative Space	1 conference room and 3 administrative offices	273	756	756	756
Other – All other Clinical Space Including Charting	1 reception room, 1 provider charting room	1,350	1,350	1,350	1,350

Workforce

A complete profile of Achievable's staff as of September 30, 2014 is provided in Exhibit 2. By the end of the evaluation period, Achievable had 3 leadership staff (1.63 Full-time equivalents or FTEs), 6 medical staff (1.42 FTEs), 3 clinical support staff (2.5 FTEs), and 5 administrative staff (3 FTEs). The medical staff includes both primary care (pediatrics, internal medicine, and family practice physicians) and specialists (psychiatrist and pediatric neurologist). The social service needs of Achievable's patients are provided by the health center's patient care coordinator as well as a licensed clinical social worker (LCSW) at the WRC who also serves as a behavioral health case manager for complex patients of Achievable.

The medical assistant, care coordinator, CEO, and a part-time pediatrician speak English and Spanish fluently. The physicians have extensive expertise in care of children and adults with special health care needs who frequently have very complex health care needs and significant communication barriers due to their condition(s).

Exhibit 2: Achievable Health Center Full Time Equivalents (FTEs) Personnel by Position

Staff Position	FTEs	Total
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	9/30/2013	12/31/2013	3/30/2014	6/30/2014	9/30/2014	Individuals as of 9/30/2014
Leadership Staff						
Chief Executive Officer	0.50	0.50	0.50	0.50	1.00	1
Chief Medical Officer	0.60	0.13	0.13	0.13	0.13	1
Director of Operations	1.00	1.00	0.83	0.50	0.50	1
Medical Staff						
Pediatricians	0.10	0.10	0.35	0.35	0.35	2
Family Practice	0.00	0.60	0.60	0.60	0.60	1
Internal Medicine	0.00	0.00	0.25	0.25	0.25	1
Pediatric Neurologist	0.10	0.10	0.10	0.10	0.10	1
Psychiatrist	0.12	0.12	0.12	0.12	0.12	1
Clinical Support Staff						
Patient Care Coordinator	0.50	0.50	0.50	0.50	0.50	1
Medical Assistants	1.00	2.33	2.00	2.00	1.00	2
Administrative Staff						
Information Technology Support	1.00	1.00	1.00	1.00	1.00	1
Program Coordinator	1.00	1.00	1.00	1.00	1.00	1
Development Director	0.00	0.33	1.00	1.00	0.00	1
Grants, Independent Contractor	1.00	1.00	1.00	1.00	1.00	2

Achievable has experienced some turnover in staff. In May 2014, Achievable's first CEO, Danise Lehrer, left her post but continued to provide limited advisory support on a volunteer basis until a new CEO was recruited and employed. In the interim, Achievable employed Arda Bardakjian, a consultant from Greg Facktor & Associates, who served as the Interim Director of Operations. The new CEO, Carmen Ibarra, began in May 2014. She has prior experience as the CEO of another FQHC with significant expertise on all aspects of clinic operations and leadership. The medical director has changed during the first year, because the first two physicians who took on this responsibility were commuting from San Diego in addition to their clinic hours at the Westside Regional Center. The position of development director was eliminated and a medical assistant left her post. While turnover may be expected in Achievable in its first year, it slowed down the ability of the organization to meet its objectives in a timely fashion. For example, executive staff turnover led to delays in contracting with specific insurers and impeded the ability of Achievable to see the patients with those forms of insurance.

The total number of FTEs by the end of the evaluation period was higher (7.55) than the start date (6.92). However, Achievable was recruiting for a medical assistant to fill a vacant position, an outreach and enrollment specialist, and a licensed vocational nurse (LVN). Achievable was also recruiting a part-time biller and a mid-level provider by the end of the evaluation period. The decision to recruit additional physicians and staff depends on the increase in the size of the patient population and the complexity of those patients.

Additional Services

Achievable has an onsite CLIA-waived lab⁴ for conducting basic tests such as blood sugar and urinalysis. By the end of the evaluation period, Achievable also obtained additional certification for conducting pediatric lead exposure test. Achievable has contracted with both *Quest Diagnostics* and *LapCorp* for laboratory services. The contract with *LabCorp* includes a bi-directional interface which allows for seamless communication of orders and results for Achievable's patients when they utilize *LabCorp* services. Achievable obtains the specimen on-site and sends it to the contracted laboratory for analysis. This allows the patients to receive needed lab services without leaving the health center and is an important advantage for Achievable's patients.

Achievable also has contracts with a radiology group. Recent approval from HRSA under the 340B Drug Discount Program allows Achievable to obtain medications at a lower cost as an FQHC. Achievable plans to contract with local pharmacies to help low-income and uninsured patients receive needed medications. Achievable purchases vaccines directly from manufacturers at regular price.

Partnership with Westside Regional Center

Co-location with the Westside Regional Center has several advantages for both patients and staff of both organizations. Patients are familiar with the location that is accessible to individuals with disabilities and can combine their visits to WRC and Achievable if necessary. Co-location also allows for warm hand-off of patients between WRC and Achievable as well as face-to-face communication between providers when needed. Achievable refers patients without insurance coverage to L.A. Care Health Plan and Health Net enrollment counselors on a frequent basis. Approximately 68% of the patients are clients of WRC or other regional centers in the area.

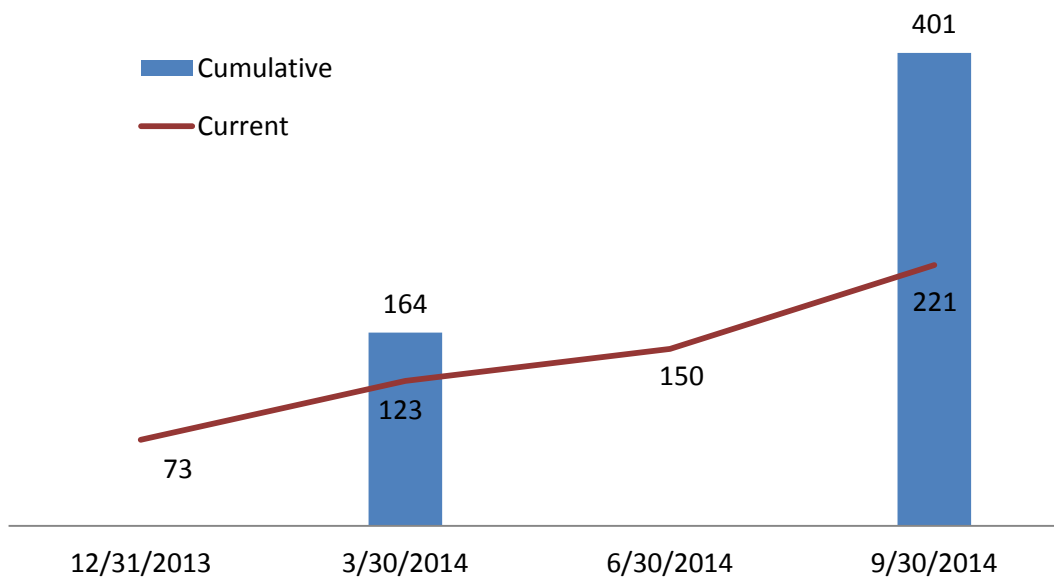
⁴ Laboratory that perform testing on human specimens are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). A waiver has to be obtained for tests performed in other settings (<https://wwwn.cdc.gov/clia/Resources/WaivedTests/>).

Patient Population

Growth in Number of Unique Patients Seen

By the end of the evaluation year, Achievable had seen a cumulative total of 401 unique patients (Exhibit 3). This was a more than twice the number of patients seen in the first six months of operation. Additional data indicated that in each quarter, Achievable saw a greater number of patients from 73 in the first quarter to 221 in the last quarter of the evaluation year.

Exhibit 3: Achievable Health Center Growth in Number of Patients

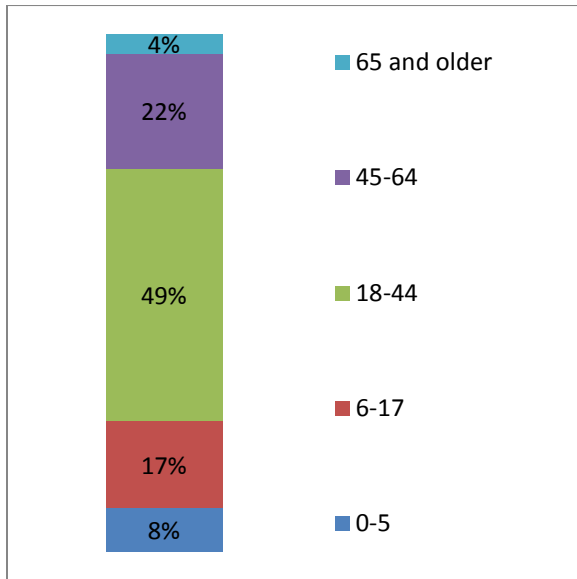


Source: Aggregate reports provided by the Achievable Health Center as of September 2014.

Patient Demographics

By the end of the evaluation year, the majority of Achievable’s patients were ages 18-44. Young children under 6 years of age constituted 8% of the patient population, followed by older children ages 6-17 (17%; Exhibit 4). Less than half (45%) of the patients were female.

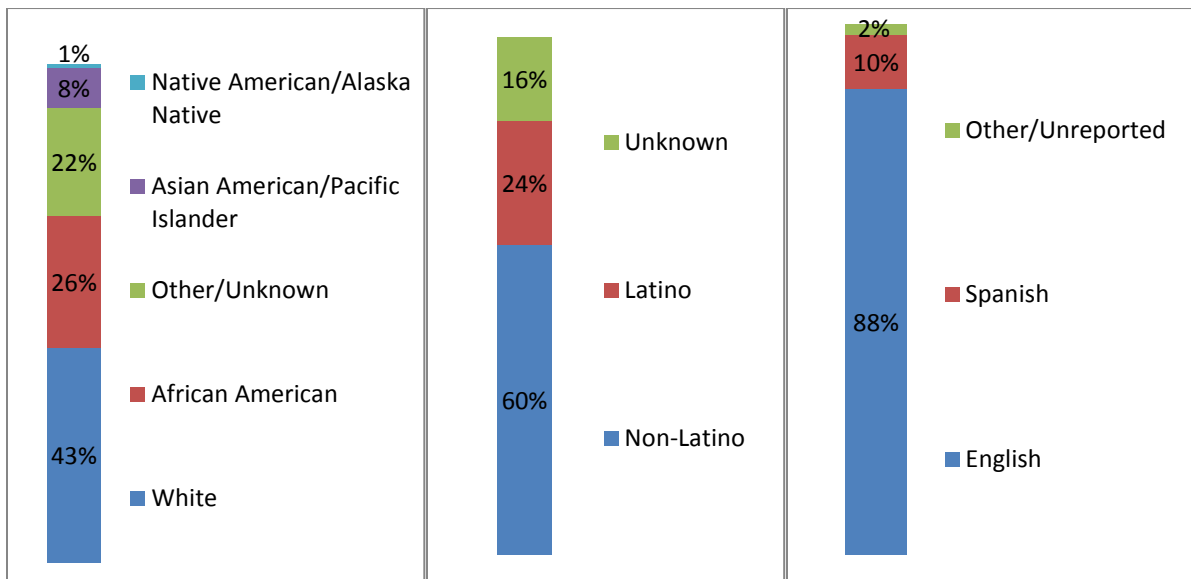
Exhibit 4: Achievable Health Center Patients by Age



Source: Aggregate reports provided by the Achievable Health Center as of September 2014.

Achievable serves a diverse patient population (Exhibit 5). More than a quarter (26%) of the patients were African American and nearly a quarter were Latino. Most patients reported English as their preferred language (88%), followed by Spanish (10%).

Exhibit 5: Achievable Health Center Patients by Race, Ethnicity, and Preferred Language

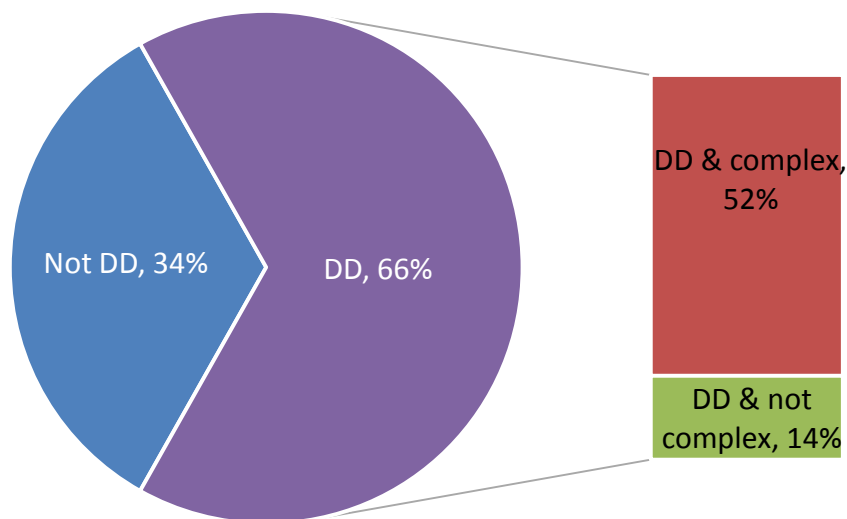


Source: Aggregate reports provided by the Achievable Health Center as of September 2014.

Health Status

Achievable serves a complex patient population. Of the 401 patients seen in the first evaluation year, 66% had developmental disabilities including autism, cerebral palsy, intellectual disability (ID), epilepsy, borderline intellectual functioning, and Down's Syndrome (Exhibit 6). Over half of Achievable's patients had developmental disabilities (DDs) and were considered complex. Complex was defined as patients with Cerebral Palsy, Epilepsy, or multiple DD diagnoses.

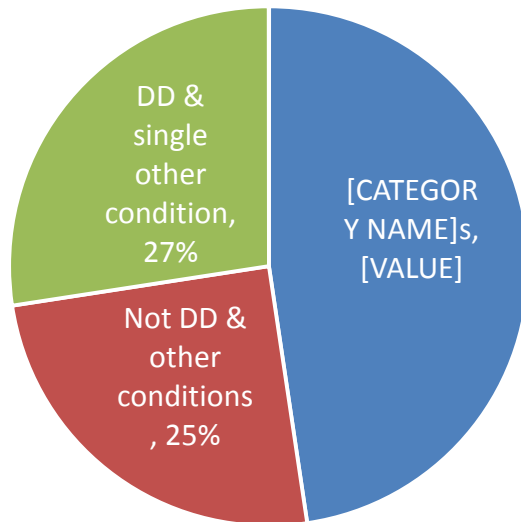
Exhibit 6: Achievable Health Center Patients with Developmental Disabilities (DD) and Complexity



Source: Aggregate reports provided by the Achievable Health Center as of September 2014.

In addition, the majority of Achievable patients had presented with more than one acute or chronic condition (Exhibit 7). Nearly half (48%) were patients with developmental disabilities who had presented with more than one other condition. Another 27% had developmental disabilities but had one other condition. The remaining 25% did not have developmental disabilities and presented with other conditions.

Exhibit 7: Achievable Health Center Patients with Developmental Disabilities (DD) and Complexity



The most common conditions that the health center treats are autism, cerebral palsy, intellectual disability, and epilepsy. During the first six months of operation, most of Achievable's encounters included patients diagnosed with mental disorders, nervous system and sense organs diseases, endocrine, nutritional, respiratory diseases, metabolic diseases, and immunity disorders. For the same time period, the most common primary diagnoses for patients under 18 years of age were autism, asthma, allergic rhinitis, Down's Syndrome, acute respiratory infections, and anemia. For patients 18 and older, the most common diagnoses were mild intellectual disabilities, obesity, epilepsy, and autism.

The providers reported that the number of patients seen who are children and with developmental disabilities has increased since implementation of the Affordable Care Act (ACA). Increasingly, families and care givers of individuals with developmental disabilities have selected Achievable as their source of primary care. One provider described this dynamic:

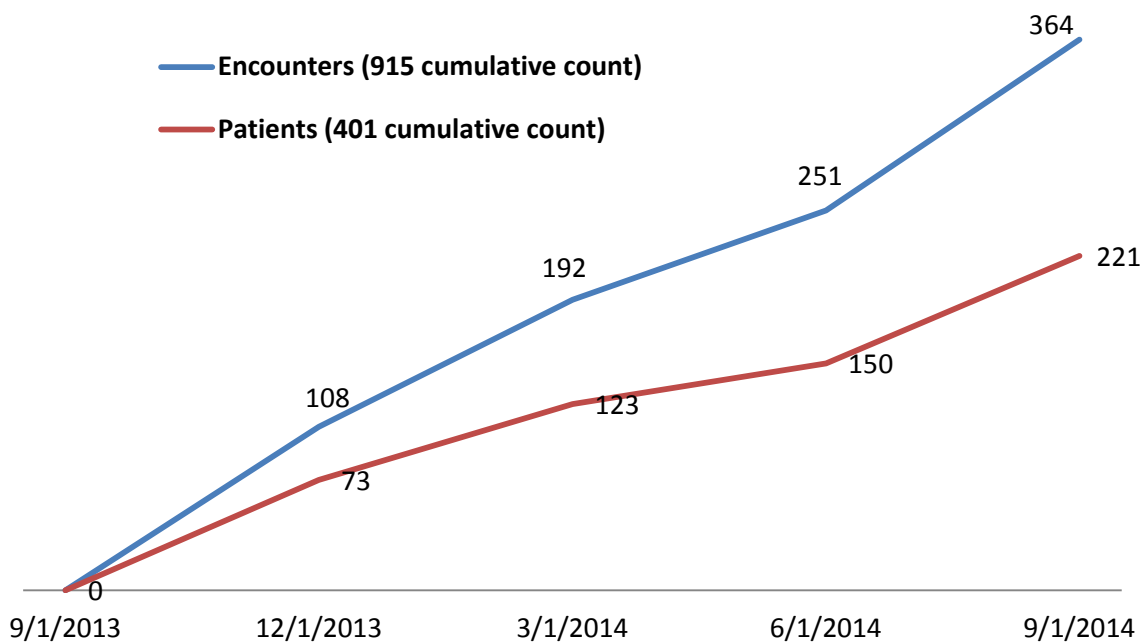
"Some of them are family members of people that have DD or we will see someone who works as a supportive living services employee and they bring someone that they work with and they like the clinic and they decide to schedule their kids and themselves here. Not the family per se, but the community. I feel that idea is a community center and the DD is the community... we are also seeing that community..."

Health Care Utilization

By the end of the evaluation year, Achievable had provided 915 encounters for 401 unique patients, approximately 2.3 encounters per patient (Exhibit 8). The number of encounters grew rapidly during the evaluation year as might be expected. The primary care provider productivity, measured as the ratio of total encounters to PCPs was 763 and the panel size of providers, measured as ratio of total unique patients to PCPs, was 334. These measures are generally lower than health centers who see patients without developmental disabilities (about 60% of productivity expectations from HRSA, according to Achievable's CEO), but are expected to increase overtime.

Achievable aims to increase provider productivity to about 2,520 encounters and the panel size to about 840 unique patients over time, which represents a 30% increase from current encounter level. Achievable is working on identifying other models of care for patients with developmental disabilities to identify the right balance between productivity and high quality care for its patient population.

Exhibit 8: Number of Encounters and Unique Patients at Achievable Health Center

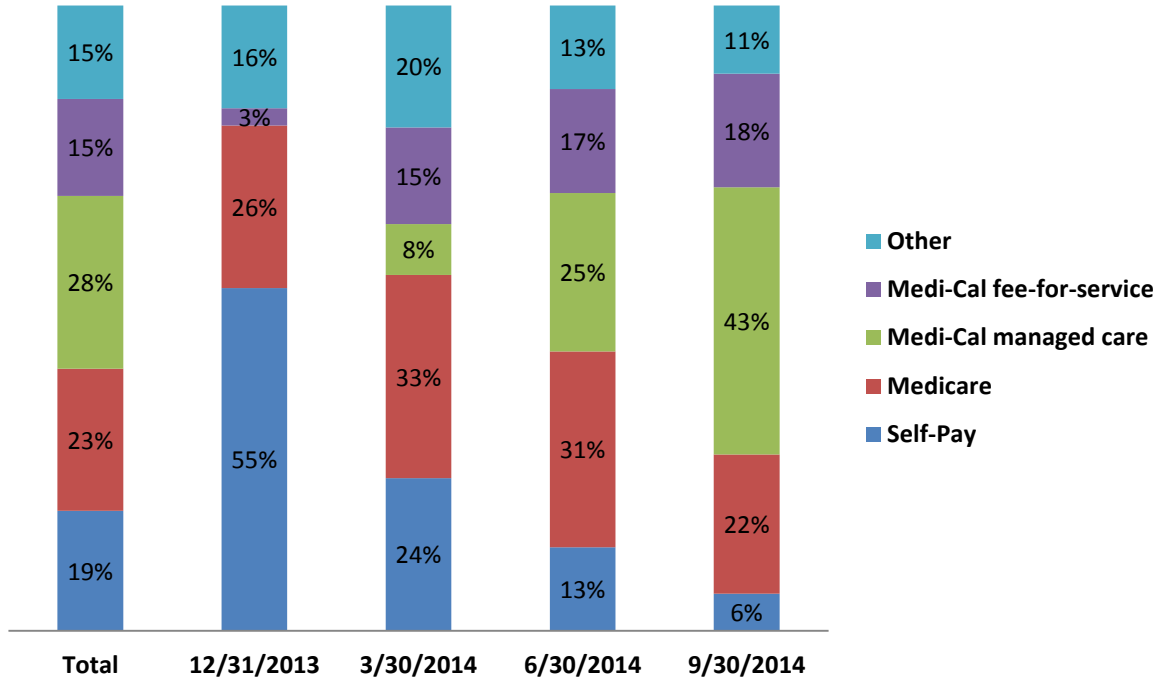


Insurance Coverage and Payer Source

The largest proportion (28%) of patients were Medi-Cal (California's Medicaid program) managed care enrollees. Another 23% were Medicare enrollees, and 19% were uninsured who paid for some or all of their care (Exhibit 8). The quarterly data indicate that overtime, the proportion of patients who were uninsured declined and the proportion in Medi-Cal managed care significantly increased. This change corresponds to implementation of the Affordable Care

Act and the increase in contracts between Achievable and Independent Practice Associations (IPAs).

Exhibit 8: Achievable Health Center Patients by Payer Source



Source: Aggregate reports provided by the Achievable Health Center as of September 2014.

Care Delivery Model

UCLA examined several aspects of Achievable's model of care delivery, including team-based care, care coordination, care management, quality improvement, and timely access. These aspects of care delivery are described below.

Challenges in Care Delivery to Individuals with Developmental Disabilities

The complex nature of patients with developmental disabilities is the most challenging aspect of care delivery for Achievable providers. Many patients are nonverbal and have frequent meltdowns and do not interact with others in predictable ways. Providers and staff need expertise on how to manage these situations to provide needed care to patients and insure a better experience for both patients and providers. One physician described the complexity of performing relatively simple tasks such as venipuncture and tuberculosis (TB) test for a developmentally disabled patient, which require the medical assistant and the caregiver to sooth the patient before these tasks could be completed. Also, obtaining vital signs such as vision or hearing from nonverbal patients requires alternative instruments and methods. The providers reported that these tests are often not done or are inaccurate due to non-responsiveness of patients. These tests may have to be repeated when patients are calmer at another visit or require special devices that do not depend on a patient's ability to respond.

The Achievable providers emphasized the importance of developing expertise to diagnose and treat these patients, but also allocating a significant amount of time for each visit and follow-up care. These are rare occurrences in most general pediatric practices. Providing care for these complex patients requires assessment of both physical and psychological needs and ability to help patients navigate linkages with specialized social services. About half an hour per visit might be spent just on obtaining the full history per patient and might require additional time to discuss the case with case managers and service coordinators. One pediatrician described the challenges of care citing a specific case involving a three year old in foster care with in-utero history of substance use. The child had physically aggressive behavior with frequent meltdowns, which had contributed to multiple changes in providers who had difficulty providing care to him due to this behavior:

"...He was really out of control... In that time there was complete pandemonium in the household... I was getting request to have him put on medication... [I] find out that he actually didn't get the appropriate therapy. All that time he was just being bounced around and so we had to work together to maximize his behavioral therapy at home... I also had to write a letter to suspend his visitations to his mom, which we found was kind of the stressor and ...to make sure he was getting therapy soon and not just on a

waitlist... Eventually after about 1 or 2 weeks, he was a lot better and we didn't have to put him on medication ..."

Achievable physicians reported multiple examples of patients who have not had appropriate care or have undiagnosed conditions due to their developmental disabilities. One provider described an adult female patient with moderate to severe intellectual disability who was having behavioral problems and constipation for several months. She had been treated with increased doses of psychotropic medications and her providers had assumed that her constipation and drowsiness were manifestations of her intellectual disability and not a novel medical diagnosis. The patient was repeatedly admitted to the hospital, which resulted in increasing the dosage of her medications.

"...When we saw her, she had severe hyperthyroid disease and on the verge of going into a coma... lithium which she was being given as a psych med can cause hyperthyroidism... [We diagnosed her with hyperthyroid disease and sent her urgently to the hospital that] started her on thyroid medication, which [reduced her constipation and melt downs] ...Every month the issue became less severe. She started getting her period [a consequence of hyperthyroidism is lack of periods]. We put her on birth control so that she [wouldn't have meltdowns during her periods]..."

Team-Based Care

Achievable is striving to implement team-based practice by training the medical assistants to complete activities such as administering immunizations, performing blood draws and glucose checks before the physician sees the patient, and conducting patient education and patient coaching on topics such as blood sugar monitoring, insulin injection, and nutrition after the visit with the physician.

The complex nature of the Achievable patients requires specific training on how to establish trust with patients and complete these activities under adverse conditions. Patients may be distrustful of providers due to past negative interactions and act out physically or verbally. Staff training on how to help patients cope with anxiety during the medical encounter and building trust with patients is crucial. For example, the medical assistant observed that her skills at building trust with patients had improved considerably during the past year:

"Before they used to hit us, like they didn't like us... [and curse] ... [One patient is] an elderly woman and she doesn't like nobody touching her. And it was amazing how yesterday we gave her a PPD test and she was ... not screaming, I think she only hit me at the beginning once and she didn't say nothing anymore."

The medical assistant is trained by first shadowing the physician during a visit to observe, then the assistant performs the activity such as demonstrate insulin injection while the physician observes. The medical assistant currently performs blood draws and vaccines independently. The plan is for the medical assistants to perform all these activities independently and without supervision. By the end of the evaluation year, physicians reported that this approach improved the ability of the physician to spend more time with patients on their chief complaints and focus on more complex issues. Further work on how to coordinate the medical assistant and physician workflows to achieve optimal care delivery is underway.

Many of Achievable's patients have significant mental health needs and would benefit greatly from integration of mental health providers within the care team. The availability of the neurologist and psychiatrist is a significant advantage for optimal patient care because these specialists are available on-site, can see patients quickly, and can treat complex conditions. Having the psychiatrist and the neurologist available by email, phone, or in-person has allowed the primary care doctors to have frequent consultations on how to best manage the psychiatric medications for patients without having to refer the patients to outside specialists. This frequent interaction has also significantly increased the skill-level of the primary care physicians in managing complex patients.

Achievable's physicians, medical assistant, and care coordinator participate in daily huddles to review and discuss the patients scheduled for visits. The medical assistant also reviews the patient's record on the day prior to the visit to assess if referral and test results are available. In addition, the medical assistant automatically conducts certain necessary tests such as glucose or hemoglobin checks prior to a visit. Weekly provider meetings between primary care physicians, the CMO, and the CEO also take place to discuss cases and overall issues. Case conferences with the psychiatrist are done as needed, but future plans include regularly scheduled meetings.

Care Coordination

Care coordination is an essential aspect of care delivery for individuals with developmental disabilities. The availability of a neurologist and psychiatrist on-site reduces the need for some specialist referrals but not all. Achievable employs a half time care coordinator that works closely with Achievable physicians, patients, and WRC staff to address all the needs of the patients. The coordinator has a deep understanding of Achievable patients and their families' needs, and considerable expertise in care management for individuals with developmental disabilities. Her general activities include providing referrals, tracking and follow-up of referrals, and managing transitions of patients among different providers. However, she also coordinates with WRC staff and social service providers, and programs such as In-Home Supportive Services.

The coordinator identifies specialists who can work well with developmentally disabled individuals and patients covered by Medi-Cal. Given the communication barriers of patients with speech or other difficulties, the care coordinator often contacts external providers to schedule appointments personally. Frequent referrals include speech and occupational therapy, both of which can be difficult to obtain from the school systems for children with special health care needs. The care coordinator also connects parents with advocates who can attend Individualized Education Program (IEP) meetings with them or with patients in order to obtain needed services for their children as well as immigration or legal service providers.

The care coordinator checks patient's insurance to identify where the referral is to be made, checks eligibility for the service, identifies providers in the insurer network, makes the request for a referral from various insurers electronically, and resolves potential conflicts on the referral. The challenges of obtaining referrals include lengthy phone wait times and frequent transfers to wrong departments. The Achievable staff identified the contact information plan managers and supervisors and has been able to speed up this process.

The care coordinator then calls the provider to schedule an appointment for the patient, calls the patient to inform them of the appointment, follows up to ascertain that the visit occurred, reschedules the appointment if necessary, and reports the outcome of the visit to the Achievable providers. She also calls the patient after the visit to find out whether the visit went well and if the patient received the needed care. The latter step is important to ensure that the specialty provider should remain on Achievable's referral list. The referral process is most difficult for Medi-Cal fee-for-service patients because the care coordinator has to call individual providers directly to find out if they accept Medi-Cal. Sometimes these providers have terminated their contracts with the health plan and new providers must be found.

The care coordinator also provides the documentation and progress notes with the patient with referrals and obtains these documents from specialists who have provided care to the Achievable patients. Referral tracking has been incorporated into Achievable's EHR, including all logs, and is viewable by all providers and staff but editable by the care coordinator and the medical assistant only to avoid errors. The volume of referrals has significantly increased during the first evaluation year and was at approximately 700 active referrals at the end of the evaluation year. The care coordinator reported that she was able to manage the existing patient load but growth in number of patients would necessitate a full-time care coordinator.

Achievable's care coordinator works closely with WRC staff and conducts outreach activities in addition to referral of patients for WRC services when needed. She informs WRC staff of Achievable's services and types of insurance accepted and encourages referral to Achievable. She recently attended the WRC's annual staff outreach event to inform vendors and providers

about Achievable's services. She has also attended nearly every training session at the WRC and is fully familiar with their services and staff. The care coordinator can call WRC coordinators directly rather than simply referring patients. The care coordinator is also able to facilitate access to WRC's psychiatrists, psychologists, and LCSWs. The close relationship between the Westside Regional Center and Achievable has allowed Achievable to establish an agreement to obtain patient records easily and fast-track some psychiatric referrals at WRC.

The care coordinator also conducts outreach to other organizations, including inviting California Senator, Holly Mitchell to tour Achievable. She has also attended events at UCLA and other health fairs to introduce Achievable and present on its care delivery model. The care coordinator started as a volunteer at the Achievable Foundation and gradually moved from human resource management to her current role. She reported a deep commitment to her job:

"I [may] end up working about 30 [hours a week]... because, the amount of follow-up ... I do it because I care ... I am also a parent of a child with special needs. So that's what brought me to the clinic... a special calling that I had, that I needed to make a difference and help... I connect with the moms ... I tell them: I'm not going to leave you alone, we're going to do this together.... you always find a lot of roadblocks... they'll [providers] see them for one visit and then they refuse to see them again. Okay, the reasons, they don't tell you... I keep on calling them, no one is answering... I'm happy to say that in a year I think we've come a long way and I think that, I feel very comfortable when I come to work every morning."

Achievable is working on improving collaborations with specialists by participating in a recently organized local group consisting of primary care and specialty care providers. The informal collaboration aims to resolve issues of access to specialty care. The participants are very engaged and the meeting attendance is high. The Achievable CEO participates in these meetings.

Coordination with oral health providers, particularly dentists, is a major challenge for individuals with developmental disabilities. However, Achievable has major advantages in this area because it is co-located with a dental clinic specializing in adults with developmental disabilities. Achievable providers have a close relationship with the dentist who owns the co-located dental clinic. Patients often need to undergo general anesthesia for dental care and come to Achievable for the preoperative physical prior to the procedure. Patients at the dental clinic often become patients at Achievable. The relationship between the two organizations is further integrated since patient consults are shared and patients benefit from this "warm handoff" between providers. These activities allow for more effective and personalized patient-centered care. Providers at Achievable also coordinate with the dental clinic to perform blood

work and other medical tests such as Hepatitis C and thyroid tests for Down's Syndrome patients, while the patient is under anesthesia. These tests can often be difficult to obtain otherwise. Children who cannot be seen by the co-located dentist are referred to The Children's Dental Center of Greater Los Angeles.

Care Management

Achievable providers and staff highlighted specific approaches to care management of individuals with developmental disabilities. The physicians highlighted the importance of persistence in taking complete medical history from nonverbal and complex patients. One physician described the process of diagnosis for an 11 year old female patient who had severe pain in her hip and had to use crutches to walk. She had many tests done in the hospital and emergency room for various causes but nothing was found.

"... It turns out that she got raped a year and a half ago. Every time you talk[ed] about it, the pain got worse... every time she had constipation, bowel movement, anything, it exploded into this kind of [pain]. It was just terrible... She had been through so many facilities... It's [important to get] a good history, doing [a] good physical exam and knowing to ask about these kinds of things and managing it... population[s] with developmental disabilities... have poor access, and [other providers] are overwhelmed by the fact that there is a developmental disability."

The staff also reiterated the importance of gaining patients' confidence in order to perform tests for appropriate diagnosis or manage their care. New patients with developmental disabilities are seen as frequently as once per month to build trust with providers and also to be properly diagnosed. Care management is more difficult with new patients due to lack of trust with providers and it takes several visits to complete physical exams and simple procedures. Once patients have built rapport with providers and staff, the frequency of visits reduces to every three or six months, as needed.

Timely Access

Achievable acknowledges the critical role of timely access for patients with complex conditions and the importance of timely access in averting increased morbidity, complications, and emergency department visits. The increased staffing and hours of operation during the first evaluation year corresponds with short wait times one day on average. Currently, most patients who call in for an urgent or same-day appointment can be accommodated that day or the next. Adult patients may experience wait times of up to one week since there is only one family practice physician is on staff. Pediatric patients have a choice of a different pediatrician. Patients who are unable to come in during clinic hours are referred to the nearest urgent care center.

The cycle times for patients, from the time they arrive at Achievable until they leave, ranges from 30 to 120 minutes. Initial visits are usually one hour and follow-ups are scheduled for half an hour. The longer cycle time is in part due to the extensive assessment needed for complex patients and in part due to inclusion of time prior to registration.

HIT Comprehensiveness and Functionality

Achievable purchased and implemented *SuccessEHS*, an integrated full practice management and health records system in 9/30/2013. Achievable evaluated other EHR systems, including *EPIC*, *eClinicalWorks*, *NextGen*, and *Greenway* before selecting *SuccessEHS*. The choice of *SuccessEHS*'s was dependent on the system's affordability, customizability, and reporting features. Compared to other systems considered, *SuccessEHS* was more affordable. Early efforts at customization were focused on meeting providers' workflows and additional customization was performed later to allow data extraction for population health management and reporting.

The system includes practice management features such as the ability to check patient eligibility for insurance benefits prior to scheduling a visit. The system uses *RelayHealth* Clearinghouse to conduct real-time eligibility checks across frequently-used insurance companies including commercial, Medicare, and Medi-Cal plans.

SuccessEHS also has an e-Prescription and lab feature, which Achievable is working on fully integrating to allow for seamless communication between the health center and contracted labs. A relationship with *LabCorp* is established and a relationship with *Quest Diagnostics* is in process of being established.

Achievable significantly customized the patient chart templates in *SuccessEHS* for accessibility and functionality during medical visits throughout the evaluation year. Some of the early customization occurred with the leadership of the family practice physician who established a number of comprehensive templates to improve providers' workflows during patient encounters. The templates and functionality of the system were improved considerably by the current CEO. She incorporated her extensive knowledge of EHR's to manage the system's limitations and identify and use the available tools effectively. This restructuring improved the ability of Achievable to improve reporting requirements and increase billing capacity. A significant challenge identified by the HIT professional at Achievable was prioritizing the large number of urgent reporting and system refinement tasks that were to be managed by the new CEO once she came on board. This prioritization was done through systematic assessment of the impact of various tasks on the long term well-being and sustainability of Achievable and strategic use of resources and tools.

An example of systematic EHR improvement was improving the accuracy of demographic eligibility that is required for both patient clinical records, billing, and reporting requirements. This task required training staff to gather complete and accurate information and implement data quality assurance processes. Another important priority was to standardize data documentation by physicians and medical assistants for comprehensive and consistent data gathering. Establishing protocols for gathering data in the same manner and entering it in the same fields consistently within the EHR required understanding issues in workflow and individual preferences, as well as the need for flexibility in order to tailor the system for maximum operability and ease of use. These issues were examined and worked out during monthly meetings with providers as described by the HIT professional:

“They [Uniform Data System] provide tool kits [on how to collect the data]... Now we have to incorporate it into ... [physicians’] workflows to make sure they are doing it. Continuing to run the reports and saying “Hey this is used in the denominator, this is used in the numerator.” These people aren’t showing up. They should be showing up if you are recording this way, how are you recording it. Things like that... It would be easier if it was built into the EHR and not a third party software pulling from the EHR database, but it does work and they do build the report that can pull the data that you want.”

Engaging physicians in EHR improvements is a challenging balancing act since it reduces their availability to provide care and increase revenues, but could also negatively impact quality reporting. The CEO emphasized the importance of these aspects of functionality in population management, quality assurance and improvement, and financial health of Achievable.

One functionality challenge was the speed at which the EHR operated. *SuccessEHS* stores the data in the cloud and using complicated modules would lead to slower system performance. However, the HIT professional highlighted the significantly higher cost and space requirements associated with having an on-site server for data storage as a challenge.

SuccessEHS also offers an internal data dictionary and a reporting feature called *Business Objects*, which is a spreadsheet interface and allows users to establish customized reports with self-designated data fields to meet the health center’s reporting needs. Another feature of the system is *The Clinic Event Manager* that provides pop-up reminders during the visit for the physicians. The currently activated reminders include preventive screening, medication contraindications, allergies, and drug interactions.

Achievable has also worked on improving the management practice system for FQHC and grant reporting to remove inconsistencies in data components tracked by the system and to streamline the approach for collecting patient data. Additionally, the health center is working to integrate with lab and external immunization registries and improve patient care coordination.

The system has a patient portal, which has not yet been activated. This feature will be activated because it is required to qualify for Stage 1 of the Centers of Medicare & Medicaid Services (CMS) EHR Incentive Program for Meaningful Use of electronic health records, which is a priority area for Achievable. Achievable uses an immunization registry (*CAIR*), but this registry does not currently interface with *SuccessEHS*. A chronic disease registry is not yet available. However, it is possible to conduct patient management activities with available features, even though that is time consuming without a registry. The CEO estimated that the EHR system was at 50% of the ideal capacity. Achievable continues to improve this capacity in the future.

Population Health Management

Achievable has implemented quality improvement (QI) activities to improve care delivery for patients including smoking cessation, counseling, nutrition, exercise. Screening for behavioral and other risk factors such as smoking and nutrition for weight control are incorporated into the medical assistant's work flow and literature on smoking cessation is provided to patients. Each month, Achievable staff focuses on a specific QI activity, insure appropriate documentation, and evaluate the outcomes.

There are also efforts to improve other aspects of operations including reduced cycle time, improved accuracy in completing patient records, and improved workflow during and prior to the visit. For example, providers spent significant effort on improving the accuracy of creating the super-bill, ordering lab tests, standardizing data collection forms and data entry, and improving other interaction with the EHR.

Achievable has made significant strides in population health management. Providers regularly conduct standard screenings for immunizations, cholesterol, cancer, depression, contraceptives, and sexual health. In addition, providers also screen for conditions that are unique to individuals with developmental disabilities such as constipation and osteoporosis. Additional capabilities to allow recall of patients for specific screenings and tests are not yet available. Future plans include training medical assistants for proactive population health management including tracking patients who need flu shots, hepatitis vaccine, mammograms, and preventive care or tests. Achievable also tracks overall data on multiple chronic conditions including asthma, diabetes and hypertension. Many of these are conditions that are also reportable to HRSA for FQHCs.

Achievable assess four different types of measures: (1) socio-economic characteristics including race/ethnicity, poverty level, and insurance coverage; (2) selected diseases and services rendered including number of people and encounters for the population with infectious or respiratory disease, obesity, and mental health and substance abuse problems; (3) quality of care indicators for immunizations, weight assessment and counseling, tobacco use assessment and intervention, asthma, coronary heart disease and lipid therapy, cancer screening, newly diagnosed HIV and follow-up care, and depression screening; and (4) health disparities and outcomes including hypertension by race/ethnicity, and diabetics and HgA1c by race/ethnicity. All measures are reviewed quarterly, but Achievable targets 1-2 specific measures for quality improvement using PDSA (plan-do-study-act) cycles. Achievable holds monthly improvement meetings. Patient feedback through patient satisfaction surveys is also obtained and reviewed quarterly.

Sustainability Efforts

In its first year of operations, Achievable made significant progress towards sustainability. This included the successful attainment of full 330 FQHC status, contracting with three IPAs, and successful fundraising efforts. These activities are described in further detail below.

Funding streams

Achievable received full FQHC status just one month into the health center's operations. Under the FQHC designation, Achievable receives an annual 330 grant in the amount of \$300,000 to support the health center's infrastructure and provide care to uninsured and underinsured patients.⁵ This is a significant achievement and major progress towards financial sustainability.

Achievable has also successfully received grants from foundations and individual giving. Grants were received from the following organizations during the evaluation year:

- Beverly Hills Rotary Club
- Blue Shield of California Foundation
- Budget Rent a Car of Southern California
- Carl E. Wynn Foundation
- JL Foundation
- John Gogian Family Foundation
- KLM Foundation
- L.A. Care Health Plan
- Material World Charitable Foundation
- Rosalinde & Arthur Gilbert Foundation
- Sheri & Les Biller Family Foundation
- Swanton Foundation
- W.M. Keck Foundation
- William C. Bannerman Foundation

The CEO had established relationships with some foundations prior to Achievable, which has also improved the organization's ability to secure grants. This has been a significant asset since the Achievable Health Center is a newly established organization. The CEO has been able to build on past efforts to secure funding from funders who focus on individuals with developmental disabilities and those that focus more generally on health care delivery.

⁵ HRSA funds refer to FQHC funding made available under the U.S. Department of Health and Human Services' Health Center Program New Access Point (NAP) grants.

The FQHC status has also allowed Achievable to be reimbursed at PPS rates, which are a cost-based reimbursement and rates are generally higher than what is available to non-FQHC providers. Achievable received a favorable PPS rate due to the higher costs of caring for patients with developmental disabilities. Achievable receives a monthly capitation amount for Medi-Cal managed care enrollees. However, the organization bills and receives the balance between the capitation rate and the PPS rate (called a wrap-around rate) to the State of California. Achievable had not established their Medicare PPS amounts by the end of the evaluation period but had submitted the paperwork and was actively pursuing formal recognition by Medicare as an FQHC.

Prior to arrival of the current CEO, Achievable was experiencing significant difficulties in billing for services and receiving reimbursement. Since then, Achievable has successfully improved data collection capabilities to insure bills are complete and the rejection rate is very low. This was accomplished by working with the vendor to streamline billing templates, with Achievable providers to provide comprehensive information, with Achievable staff to check eligibility for coverage and services, and implementing a monitoring and review process internally. Achievable has the capacity to create a billable encounter from the moment patients check in until they leave the clinic. Every detail, including eligibility, time spent with patients, complexity, diagnosis codes, active problem lists, follow-up appointments, and procedures are captured during the encounter and documented in *SuccessEHS*.

Achievable recognizes the importance of having a mix of insured and uninsured patients required for its sustainability. By the end of the evaluation year, Achievable had received 46% of its revenues from federal grants, 45% from foundations, 12% from corporate or individual donations, 7% from third party payers, and less than 1% in direct payments from patients. The higher level of revenues from grants is similar to other newly established FQHCs.

Contracting with Payers

Establishing managed care contracts was a major focus of Achievable in its first year of operations. The process for establishing contracts with managed care organizations was challenging due to the time needed for application submission, approval process, and credentialing of providers while health plans were in the process of implementing changes due to the Affordable Care Act. The transition in Achievable leadership led to some delays. Despite these challenges, Achievable had finalized its contract with three Independent Practice Associations: Healthcare Partners, Prospect, and Global Care by the end of the evaluation year. Achievable did not plan to pursue additional contracts. The CEO indicated that the available plans provided many options for the prospective patients and allowed the staff to become proficient in billing and plan requirements.

Achievable finalized a contract with Los Angeles County Department of Health Services on October 1, 2014 to provide care to enrollees in My Health LA, a health care program for uninsured residents of Los Angeles County. Furthermore, Achievable was certified for the California Child Health and Disability Prevention (CHDP) Program to deliver periodic health assessment and services to low-income children.

The available contracts led to auto-assignment of patients to Achievable from plans such as Molina and L.A. Care Health Plan. However, the CEO reported hearing from a variety of sources that many patients self-selected Achievable because of its focus. A small number of patients with private preferred provider organization (PPO) insurance also receive care at Achievable. The CEO reported that a major advantage of Achievable to patients and payers alike is the ability of the organization to provide a medical home and provide patient-centered care that has the potential to improve outcomes and reduce avoidable costs.

Collaborations and Outreach

Achievable has participated in collaborations to improve limited access to specialty care, which is a significant problem despite being located on the Westside of Los Angeles with many practicing physicians. Lack of access to specialty care is in part due to low participation rate in the Medi-Cal program and those willing to accept Medi-Cal have long wait times due to high level of demand. The collaboration was initiated by Venice Family Clinic and a grant from the California Endowment to bring together a core group of providers to improve access to specialty care. Participants include three FQHCs (Venice Family Clinic, Westside Family Health Center, and Achievable), hospitals and health systems in the area (Cedars Sinai, Providence, UCLA, Kaiser-Cadillac), health plans (Health Net, L.A. Care Health Plan), IPAs (Health Care LA, Global Health), and other service providers on the Westside. The collaboration's goals are to identify the major barriers and propose solutions to address priorities.

Achievable staff participate in various outreach activities, including attending events and meetings where Achievable is introduced to a variety of audiences. These audiences include health plans, providers, patients, and social service organizations among others.

Conclusions

Achievable made significant progress along all the evaluation criteria during the evaluation year. The health center obtained a full 330 FQHC status that led to a secure source of funding for infrastructure building and providing care to uninsured and underinsured patients and received a favorable reimbursement rate for delivery of care. The expansion of capacity for care delivery including space, work hours, staff, and health information technology increased Achievable's ability to provide care to a larger number of patients and to provide comprehensive primary care and essential specialty services in one location. The co-location with the Westside Regional Center further provided the capacity of Achievable to easily coordinate other important services that were essential for care of its patients. Achievable also established a care delivery model that was uniquely suited to the needs of individuals with developmental disabilities and could effectively diagnose and treat their complex needs. Achievable is a very young organization but has progressed significantly towards a sustainable care delivery model.

Several areas of future growth were highlighted in this evaluation.

- The number of patients who receive care at Achievable is likely to increase given the success in contracting with various health plans and IPAs. The growth in patient population will require further capacity expansion both in physical space and clinical and administrative staff.
- Achievable's care delivery model is patient-centered and team-based. Future growth will require employment of additional clinical staff such as social workers and psychologists. Increasing levels of care coordination, case-conferencing, and team-building activities will be required.
- The HIT system's functionality is likely to increase given the level of effort by Achievable staff. Better functionality would increase the ability of the staff to provide more team-based care and additional population management activities.
- The size of Achievable revenues from various payers is likely to increase with additional outreach and collaborations. More revenues from insurance would improve Achievable's financial health and sustainability and provide funds needed for future investments such as disease registry and patient portal as well as obtaining recognition as a patient-centered medical home.

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