

Cutting down on overcrowding at County-USC

As the new hospital opens, officials are trying to redirect nonemergency patients to neighborhood clinics and bringing in social-service workers to help manage the care of frequent patients.

By Rong-Gong Lin II

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For generations, County-USC has been seen as the hospital of last resort.

But as the crowded hospital moves into its new smaller home, officials have a message to its most frequent users: Please, please stop coming in so much.

Because the hospital serves the poor and uninsured, some patients come back time and again -- contributing to overcrowding.

Some come in for nonemergencies, such as a homeless person seeking a hot meal; others seek help for illnesses that could have been prevented had they seen a doctor earlier. In some cases, clinics refer patients with nonemergency problems to County-USC's emergency room, thinking that they will get easier access to an important scan.

So about four years ago, COPE Health Solutions, a Los Angeles-based nonprofit, was asked to study why some patients visit the emergency room so frequently.

"What we found was that . . . there really was no road for a patient to follow to access care correctly," said Allen Miller, COPE Health Solutions' chief executive. "The system wasn't being set up to provide care on an outpatient basis."

One solution Miller's group came up with was to routinely refer patients, upon their release, to a clinic near their home. Another suggestion was to inform the public that anyone in Los Angeles County can find a neighborhood clinic by dialing 2-1-1.

"We're saying, 'Please don't feel like you have to come to the hospital. The hospital is there only as a safety net. We just want you to go to a clinic in your neighborhood,' " Miller said.

Patients might be referred to one of 25 clinic sites that are participating in the two-year-old Camino de Salud network, which has a special relationship to County-USC.

Miller said the clinics also have access to diagnostic equipment, allowing doctors to avoid sending patients to County-USC for tests.

Another solution has been for County-USC specialists to give refresher courses to primary-care doctors at the clinics so that they can handle, for example, cardiology or rheumatology cases.

"The primary-care doctors are fully capable of taking care of more complex patients as

long as they have backup from a specialist they can call and ask questions," Miller said.

Another program involved identifying the hospital's most frequent users -- any patient who has had at least five hospital visits in the past year -- and assigning a care manager to guide them through doctor's appointments, substance-abuse treatment and social services, such as trying to get housing.

The nonprofit is currently managing about 115 of an estimated 1,300 people who frequently use the hospital.

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