

[Click Here To Close This Window](#)

---

## **Economy & Efficiency Commission Presentation**

---

*Editorial Note: Although every effort has been made to insure the accuracy of the material in this presentation, the scope of the material covered and the discussions undertaken lends itself to the possibility of minor transcription misinterpretations.*

**PRESENTATIONS BY  
Chief Information Officer, Kevin Lynch  
Department of Health Services  
Los Angeles County**

**January 10,2013**

---

CChairman Barcelona greeted Mr. Lynch from Los Angeles County Department of Health Services (DHS), and welcomed him while turning it over for Mr. Lynch to speak to the Economy and Efficiency Commission.

### **Using Technology to Improve and Integrate Health Care Delivery**

Mr. Lynch stated that he was appointed to the position of Chief Information Officer, Health Services Administration, in June 2010. He stated that as the department's head of Information Technology he has led the development of enterprise applications across the DHS system and the implementation of an electronic medical record (EMR) system. He stated that prior to joining DHS, he served as Corporate Director of Information Technology at Florida's Jackson Health System, and earlier, served as Director of Information Systems at three Tenet-run hospitals in Florida, where he was responsible for managing clinical, patient financial, and core business application systems. He also stated that he began his career as a high diver performer in theme parks around the world, rising to the position of Operations Manager at Maxwell Associates, Inc., where he designed software systems for inventory and payroll.

Mr. Lynch stated that the Electronic Health Record (EHR) Program vision is to procure, deploy, and sustain a uniform, standardized and fully integrated EHR solution that is implemented consistently across care settings, with standardized associated workflow processes and a single unified data structure.

### **DHS Transformation**

Mr. Lynch stated that the EHR system is the clinical information system that ties all the events at Health Services. He stated that anyone who receives Health Care services must schedule appointments. The patient then gets registered into the system, and various tests are conducted and when the results of the tests come back they put the documentation into the system and converse with the patient about his or her Health Care treatment and he or she is then discharged. He stated that all these things happened whether you are seen by your primary care physician, outpatient surgery, or at an Emergency Room (ER). He stated that for DHS the department is a cluster of 6 different entities: LAC USC, Harbor UCLA, Olive View UCLA, Rancho Los

Amigos, High Desert, and MLK. He stated that the first four are acute care centers and they are hospital based, and the last two MLK and High Desert are ambulatory care unit networks. He stated that MLK and High Desert used to be hospitals but now they are strictly ambulatory care units. He stated that the department has 6 different locations and 6 different data centers, and the department has 6 different versions of clinical information systems. He stated that if a patient goes to Harbor for treatment and then decides to go to Olive View for subsequent treatments, the patient's record of the care received at Harbor will not be available at the opposing facilities. He stated that the department will have one version of the EHR System so that all the facilities will be using one scheduling system, one order system, etc. He stated that when that patient goes to any of the facilities, all the doctors can share the data to see what happens at the other facilities; the physicians will also be able to see what diagnosis were made and prescriptions given.

Mr. Lynch stated that Los Angeles County DHS has done many things to address its needs for a new HER System. He stated that the department has developed an overall governance mechanism to direct the EHR program, and created a provider led structure to provide leadership and direction for the EHR program. He stated that the department has also developed and approved an EHR strategy, identified key barriers or historical missteps, and developed an evaluation and selection infrastructure.

### **EHR Vision: Timeline**

- November 15, 2011- RFP released
- December 9, 2011- Proposal submission phase 1
- March 1, 2012- Final proposal submission
- March 2012- Evaluation of vendor proposals
- Summer/Fall 2012- Contract negotiations
- December 2012- Estimated BOS approval of contract
- Summer 2014- Estimated go live at 1st cluster
- Fall 2014 through Jan/Feb 2016- Go live at remaining DHS locations

### **Questions/Comments:**

Commissioner Padilla asked if he went to one clinic and then went to another clinic another day, what did the physician have to do to receive the chart of the patient. Mr. Lynch replied that it's the beauty of efficiency, and of paper chart pushing. He stated that the department does have something on the back end which is called a data repository system.

Chairman Kalm asked if this will be an in house integrated system and a patient access system. Mr. Lynch replied yes and that the intent is to have an integrated system throughout DHS with a patient portal for patients to be able to look at their information, add information where needed, and be able to self-schedule.

Commissioner Wolowicz asked if is there a commonality with smaller counties and states where they may participate in the involvement of this particularly in funding. Mr. Lynch stated that he is involved with health information exchange platform. He stated that the department shares what's working and what's not working. He stated that the commonalities in terms of mechanics are the same from small counties to large counties and the common threads are easily identified.

Commissioner Wolowicz commented that it sounds like when Mr. Lynch is done this will almost be a proprietary system. Is that something that can be shared. Mr. Lynch stated that it is a proprietary system for DHS but the vendor that the department is engaged with also has a community hub. He stated that both platforms have the ability to share within their own base. He stated that places like USC, Ventura County, Chicago, and Cook County and anyone else who has that type of platform all have the capability to share data easily within their own platform as well as the extra circles with health information exchange.

Commissioner Hinsche-Otto commented that she lives in Long Beach and they have their own health system. She asked would the patients that are in the Long Beach System ultimately have this type of program available to them or is there a way DHS could make this available to the City of Long Beach. Mr. Lynch replied that Long Beach purchased their own product and that the City of Long Beach would have to integrate into a health information exchange program to be able to share patients between the two. He stated that it would not be extended into anyone beyond the DHS four walls. He stated that DHS does have community partners that they do share data with and community partners are private entities that DHS shares data with through health information exchange.

Commissioner Fuhrman asked what the approximate cost of the system is. Mr. Lynch replied that the contract is a 10 year contract worth a total of \$366 million dollars and includes licensure, support, maintenance, design, build, test, implementation, training, and remote hosting.

Chairman Barcelona expressed his appreciation to Mr. Lynch and invited him to come back to speak to the EEC in the near future and the Commissioners applauded.

[Return to Top of Presentation](#)

[Return to Agenda](#)



Kenneth Hahn Hall of Administration, Room 163, 500 West Temple St.,  
Los Angeles, CA 90012  
Phone (213) 974-1491 FAX (213) 620-1437 [E-Mail eecomm@co.la.ca.us](mailto:eecomm@co.la.ca.us)  
WEB [eec.co.la.ca.us](http://eec.co.la.ca.us)