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**1. What is your intervention and what results have you seen in PRIME as a result of your efforts? What processes or workflows did you implement or adapt?**

- Make your EHR work for you
  - When we rolled out our Cerner-based EHR, we educated our nursing staff that tobacco status was required on every intake. As the PRIME metrics came out, we realized we needed to capture our counseling efforts more robustly. We added the smoking cessation counseling and documentation field into the nursing intake right after social history.
  - We have found that staff, providers and nursing, are very susceptible to the clinical decision support. We have slimmed down many of the alerts, so staff can focus on the highest priority metrics which has in turn driven behavior.
- Push for high impact interventions
  - We changed our pharmacy formulary to be more flexible with nicotine replacement therapy.
  - We also have our partners at No-Butts on eConsult and only require verbal consent to link patients.
- Telephonic medication titration
  - We worked in collaboration with our diabetes/endocrinology colleagues to identify how to better serve our patients who with poorly controlled diabetes defined by an A1c of 9%. Many of those patients had not been in to see primary care in several months. We were able to free up a few hours per week of time of one of the diabetes-trained PAs and shift her schedule to some open access templating. She then worked with one CMA to make outreach calls to patients with an A1c > 9%. The PA would do phone-based medication review, dietary counseling and medication titration. When the patient needed to be seen or the phone intervention was working poorly, she would advise them to walk in anytime during her open access template.
  - We also removed some barriers to entry for our diabetes group, nutritionist, yoga class and POWER obesity group to focus on lifestyle changes.
- Interactive robocalls
  - We like many others do not have robust clerical staffing and also are limited with bilingual staff. Therefore we have thousands of inactive patients who we don't have the bandwidth to reach out to. We are finalizing the ability to upload an excel of patients needing cancer preventive screening, have a script in patient's preferred language play and then have patient push "1" to schedule their appointment via Cisco.

**2. What was the biggest initial hurdle to start this new intervention? Or: What is the biggest challenge to spreading the intervention to multiple clinic sites? (depending what makes sense for your stage of progress)**

- All tech-based interventions take months longer than they should. We did, however, prioritize all PRIME-related EHR build changes so they would be fast-tracked.

**3. What lessons can you share about patient engagement for this intervention?**

- Lowering barriers for patients and pushing partnerships with organizations outside our walls has been helpful. For example, getting free yoga on-site, removing need for certificate for nicotine replacement, and getting DPP YMCA to table in front of clinic so patients can self-enroll.