UCLA’s Radiology Practice at Martin Luther King, Jr. Community Hospital Offers Rewards that are as Great as its Challenges

Martin Luther King Community Hospital (MLKCH) is a private, non-profit, facility governed and operated by the Board of Directors of Martin Luther King, Jr. – Los Angeles Healthcare Corporation (MLK-LA). As part of the coordinating agreement between the County of Los Angeles and the University of California, UCLA plays a leading role in developing and maintaining medical care and quality standards. As a result, the UCLA Department of Radiological Sciences has provided technologists, image management staff, nurse practitioners and physicians for MLKCH’s radiology service since the new hospital opened in 2015. The vision of MLKCH is to be a “leading model of innovative, collaborative community healthcare.” MLKCH’s mission is “to provide compassionate, collaborative, quality care and improve the health care of our community.” MLKCH has developed an innovative community learning and resource center that serves as a link between the hospital and community residents, providers, and organizations.

Planning and Initiating Radiological Services at MLKCH

The UCLA Department of Radiology has been heavily involved in the formation of the new MLKCH with Jonathan Goldin, MD, PhD, executive vice chairman for the UCLA Department of Radiology, appointed to its Medical Advisory Committee (MAC) in April 2014. The MAC, which was composed of seven physicians, was charged with many responsibilities — including drafting of the medical staff bylaws, numerous forms used for the medical staff application process and a large number of the hospital policy and procedures. The first medical staff election was held on April 16, 2015, and MAC evolved to be the current Medical Executive Committee (MEC) once the hospital was licensed by the Department of Public Health on April 28, 2015. Dr. Goldin, and Edward Zaragoza, MD, professor of radiology and vice chief of Staff at Martin Luther King, Jr. Community Hospital, were elected to the MEC and continue to serve on that committee to the present day.

UCLA Radiology played a number of important roles in readying MLKCH to provide clinical care. UCLA helped identify imaging
It’s a major accomplishment to bring that level of subspecialty expertise to an underserved community.”

All UCLA radiology faculty are credentialed at MLKCH. Some are credentialed as on-site radiologists, while others are credentialed to provide only teleradiology.

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An Underserved Patient Population

The population of patients served at MLKCH is notably distinct from the patient population at UCLA Health’s two West Los Angeles hospitals. Many patients seen by UCLA radiologists at MLKCH arrive having no clinical history, no comparison studies, and frequently are presenting with diseases that have gone undiagnosed and untreated. Their delayed care can be due to the lack of resources and equipment that would be needed to provide diagnostic and interventional radiology services. UCLA radiology personnel also helped MLKCH develop and implement their electronic medical records system, which is a different platform from the one used at UCLA Health’s own hospitals. “We were involved in the validation of that platform, the build and the editing, so it would function as needed for the radiology environment,” says Brenda Izzi, senior director of clinical operations for the UCLA Department of Radiology.

As chief of radiology informatics, Dr. Zaragoza played a significant role in establishing the electronic workflow of radiological services at MLKCH. “Once we were given the mandate to add the interpretation of radiological studies from Martin Luther King, we had to find new tools that would enable us to bring together the IT assets from UCLA and MLKCH,” explains Dr. Zaragoza. Once implemented, the changes enabled UCLA radiologists to bring elements from the two systems into a combined workflow. “The change was transformative,” continues Dr. Zaragoza. “In addition to the individual radiologists on site at MLKCH, the full bandwidth of subspecialty radiology that we offer at UCLA is available to the patients at Martin Luther King.

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Flexibility and Collaboration are Keys to Providing Care

Part of providing radiology services at MLKCH has been building an interventional radiology practice from the ground up. MLKCH does not have a dedicated interventional radiology suite, so the team has created an IR suite in the MLKCH operating room, using a mobile C-arm imaging device. This is a common setup for an outpatient setting, but a primitive one compared to UCLA Health’s advanced interventional radiology suites. “I think it’s incredibly exciting what we are able to do today in interventional radiology at MLKCH — our interventionalists are doing incredible work with to a number of causes, including economic disadvantage, less frequent access to care and lack of awareness on when to seek care. Patients seen at the two UCLA Health hospital emergency departments, by contrast, include many tertiary care patients with robust clinical histories that include the care of multiple subspecialty physicians and many prior imaging studies for comparison.

In the absence of medical histories, UCLA radiologists work alongside MLKCH emergency room physicians to piece together a differential diagnosis based on the information that is immediately available. “You train yourself to be more comprehensive in your diagnostic approach and use other information to construct a more relevant differential for your clinician,” explains Nazanin Yaghmai, MD, professor of radiology and chief of Acute Care Imaging.

In addition, patients at MLKCH often present with more advanced disease than do patients at the UCLA Health hospitals. Acute Care Imaging radiologists working with the MLKCH emergency room physicians frequently diagnose conditions that would have been caught much earlier in patients with more frequent access to care. “A patient will come in with chest pain and — for various reasons — the ER radiologist is going to be the first to see the large tumor or advanced fibrotic lung disease, the cardiomyopathy or the destructive lesions in the ribs that are contributing to the chest pain,” explains Dr. Yaghmai.

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very limited fluoroscopy equipment resources,” says Dr. Zaragoza. “That’s soon going to change with the opening of a new IR suite. They’re going to have a state-of-the-art platform from which to deliver the level of care that the community really deserves.”

Due in part to poor dietary habits, the community served by MLKCH has a high incidence of obesity and type 2 diabetes. The resulting prevalence of peripheral vascular disease and the risk of cardiac disease and stroke have fueled a demand for more advanced image-guided interventions.

Adam Plotnik, MD, assistant professor of radiology, an interventional radiologist who splits his time between Ronald Reagan UCLA Medical Center in Westwood and MLKCH, describes the stark contrast in the two patient populations. “People come to MLKCH with, for example, complications of diabetes that are extremely advanced. While it’s very unusual to see such advanced cases in our Westwood or Santa Monica hospitals, people come into the ER at Martin Luther King with very bad gangrene — even wounds that are crawling with maggots. Such neglected care makes it very challenging to give advanced care to this population,” explains Dr. Plotnik.

With a medical staff that is very streamlined compared to the robust, super-specialized teams that care for patients at UCLA Health — and with the challenge of treating patients who often present at the ER with end-stage disease and no prior work-ups or medical records — the treatment team at MLKCH tends to form especially strong collaborative interdependencies. “At MLKCH, we are able to manage very complex patients with a small, multidisciplinary team,” says Dr. Plotnik.

Exciting Potential as a Training Environment

The same things that make practicing at MLKCH interesting and clinically challenging to UCLA faculty would make the MLKCH practice extremely valuable in contributing to the development of UCLA radiology trainees. “The case load that comes through MLKCH is very exotic. We see advanced presentation of malignancy, and advanced unusual infectious diseases,” says Dr. Zaragoza.

MLKCH is committed to developing a teaching program, but the MEC has chosen to ensure the establishment of a successful clinical practice before embarking on this next step. Recently they opened an emergency resident rotation and UCLA Radiology is currently in discussions to bring interventional radiology fellows to the MLKCH practice. “Ultimately, I’d like to be able to open the worklist that the attendings use to our residents and fellows to read as part of their training experience,” continues Dr. Zaragoza. “It could give trainees used to the types of patients we typically see in Westwood and Santa Monica insight into what happens in more disadvantaged areas.”

A Uniquely Rewarding Radiology Practice

In addition to the professional enrichment provided by working in a setting so different from their UCLA Health practices, UCLA radiologists frequently mention the emotional rewards and satisfaction of providing care to MLKCH patients. Benjamin Plotnik, MD, associate professor of radiology and radiology director at Martin Luther King, Jr. Community Hospital practices exclusively at MLKCH and has been practicing there since it opened for patient care. Dr. Plotkin enjoys caring for patients in the community, which has not always had sustained and reliable health care. “I very much like MLKCH and the patients, and am happy to help in any small way I can,” says Dr. Plotkin. “I try to keep in mind that everyone has an unseen struggle — problems or issues that they are dealing with. I try to think about how I can make things more comfortable for them, alleviate their stress, answer their questions and explain at least what role I have in their care.”

Brenda Izzi points out that a number of the UCLA radiology staff working at MLKCH have strong ties to the community. “Many of them were born at the old King Drew Hospital and still live in the community. They know how hard it was in the community when the old hospital closed. To now have the ability to provide care at MLKCH — and provide care at the level of academic subspecialty that we do — has been very rewarding for them.”

“The department has opened up a practice within a very exciting health care environment, very different to UCLA hospitals and it offers an opportunity to expose our faculty — and in the future our residents — to the inequalities of health care,” sums up Dr. Goldin. “There’s a tremendous amount of satisfaction providing care to people and being educated in the disparities of health care in Los Angeles.”