

Department: Health Department **Program Contact:** Bernadette Thomas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Clinical Director's Office ensures that all clinical staff have the necessary training, skills and knowledge to practice safely and competently. Additionally, it ensures safe, cost effective patient care and ensures that providers are trained in health equity to meet of our shared goals of eliminating health disparities in access to care and health care outcomes.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. Primary functions of this program include:

- Develops and oversees strategic initiatives to improve care quality, achieve health equity, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures, including the Health Center's response to COVID-19.
- Represents and advocates for the care of the clients served at Multnomah County Community Health Centers to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (Medicaid payors) to ensure that health care funding meets the needs of the community.
- Recruits, hires health care providers (pharmacists, dentists, physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical, nursing and integrated behavioral health.
- Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures safety, quality of care, as well as to keep HRSA grant funding intact.
- Accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds. This includes Joint Commission (TJC), HRSA, PCPCH, Reproductive Health Grants, and consultation with HIV services on Ryan White grant.
- Supervises Site Medical Directors, the Behavioral Health and Addictions Manager, Primary Care Medical Director and Deputy Medical Director, Pharmacy Director, and Dental Director to achieve the above items.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	80% of primary care providers are maintaining and serving their maximum panel size	79%	80%	78%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers	50,028	N/A	54,000	60,000
Outcome	Train all providers on implicit bias	85%	85%	85%	85%

Performance Measures Descriptions

Measure 1 focuses on value in care delivery and good patient outcomes (including access to care)
Measure 2 maintains regulatory standards required by the health center program.
Measure 3 This output has been changed to include the number of unique clients served by the health center (medical and dental).
Measure 4 is part of our Racial Equity. Diversitv. Inclusion (RE.D.I.) initiative

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care grant compliance, stipulations of multiple federal and state grants, and CCO contractual obligations.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$927,829	\$77,293	\$0	\$1,400,488
Contractual Services	\$86,000	\$142,040	\$0	\$86,000
Materials & Supplies	\$94,937	\$0	\$0	\$87,144
Internal Services	\$221,629	\$10,295	\$0	\$307,311
Total GF/non-GF	\$1,330,395	\$229,628	\$0	\$1,880,943
Program Total:	\$1,560,023		\$1,880,943	
Program FTE	3.20	0.30	0.00	4.10

Program Revenues				
Intergovernmental	\$0	\$229,628	\$0	\$87,588
Other / Miscellaneous	\$276,100	\$0	\$0	\$276,100
Beginning Working Capital	\$192,340	\$0	\$0	\$200,000
Service Charges	\$861,955	\$0	\$0	\$1,317,255
Total Revenue	\$1,330,395	\$229,628	\$0	\$1,880,943

Explanation of Revenues

This program generates \$188,225 in indirect revenues.

The Clinical Directors Office is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant).

\$ 87,588 - Federal and State family Planning

\$ 1,317,255 - FQHC Medicaid Wraparound

\$ 476,100 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40030 Medical Director

During the calendar year 2021, ICS faced significant challenges due to the ongoing effects of COVID-19. The Clinical Directors Office will continue to lead ICS in focusing on eliminating health disparities. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. In FY23, the Medical Director's Office will add two new positions to support program sustainability and program compliance: Program Specialist (1.00 FTE) helps to ensure compliance with HRSA standards with registrations of clinical staff and help with credentialing. Program Specialist (1.00 FTE) Assists with talent development, retention recruitment, and provides introductory orientation to all potential provider staff. Positions from FY22 associated with the medical director's office were moved to the 40034 program as they supported project management activities.