Multnomah County

Program #40103 - FQHC-Quality Assurance   3/7/2022

Department:	Health Department	**Program Contact:**	Brieshon D'Agostini
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested

Related Programs:

Program Characteristics: In Target

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 Quality Assurance Program provides pivotal support and oversight critical to Health Center services, such as quality assurance and improvement, accreditation and compliance, management of our clinical systems, business intelligence reporting and analysis, and activities to improve health equity and population health.

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.

This program supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. This also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC HRSA Community Health Center Program	100%	100%	100%	100%
Outcome	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

Maintain accreditation with The Joint Commission (TJC), in support of quality and safety and to bill Medicaid.
Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Community Health Center Program. Required to continue specific service level agreements and financial benefits for patients.
HRSA Community Health Center Program Grant renewed annually, including reporting of services provided, staffing, and patient demographics.

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows TJC accreditation guidelines. 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,105,691	$238,178	$0	$4,732,359
Contractual Services	$7,000	$0	$0	$203,762
Materials & Supplies	$69,028	$0	$0	$91,862
Internal Services	$949,806	$31,726	$0	$1,286,035
Total GF/non-GF	**$4,131,525**	**$269,904**	**$0**	**$6,314,018**
Program Total:	**$4,401,429**		**$6,314,018**	
Program FTE	19.52	1.58	0.00	23.26

Program Revenues				
Intergovernmental	$0	$269,904	$0	$269,900
Other / Miscellaneous	$2,110,000	$0	$0	$2,547,768
Beginning Working Capital	$600,000	$0	$0	$1,045,000
Service Charges	$1,421,525	$0	$0	$2,451,350
Total Revenue	**$4,131,525**	**$269,904**	**$0**	**$6,314,018**

Explanation of Revenues

This program generates $636,029 in indirect revenues.
$ 3,001,350 - Medicaid Fees
$ 3,042,768 - Medicaid Quality and Incentives
$ 269,900 - Federal Primary Care grant PC 330

Significant Program Changes

Last Year this program was: FY 2022: 40034 ICS Administration, Operations, and Quality Assurance

This program area used to be included in program 40034, which has now been split into two separate program areas to better align with the current structure of the Integrated Clinical Services Division. The functions within the programs have not significantly changed.