

**Department:** 

# Program #40019 - North Portland Health Clinic

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Program Offer Type: Existing Operating Program Program Offer Stage: As Adopted

Related Programs:

**Program Characteristics:** 

# **Executive Summary**

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care. The clinic provides more than 18,000 visits a year.

# **Program Summary**

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of which 70% are below 100% of the Federal Poverty level. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures								
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of annual client visits	15,897	18,234	16,068	18,793			
Outcome	% of children who are up to date on immunizations at 24 months of age	78%	85%	78%	85%			
Efficiency	Number of days for a new patient appointment	7	2	6	7			
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	62%	70%	59%	70%			

### **Performance Measures Descriptions**

% of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey asks if patients would recommend this clinic to family/friends.

7/7/2014

# **Legal / Contractual Obligation**

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements and CareOregon contractual obligations.

# **Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,724,185	\$1,363,707	\$1,925,634	\$1,222,309
Contractual Services	\$0	\$48,036	\$0	\$48,581
Materials & Supplies	\$20,295	\$120,711	\$22,529	\$134,546
Internal Services	\$199,584	\$764,029	\$262,072	\$785,416
Total GF/non-GF	\$1,944,064	\$2,296,483	\$2,210,236	\$2,190,851
Program Total:	ogram Total: \$4,240,547		\$4,40	1,087
Program FTE	20.70	7.60	22.00	6.00

Program Revenues							
Indirect for Dept. Admin	\$268,188	\$0	\$297,677	\$0			
Intergovernmental	\$0	\$903,696	\$0	\$739,577			
Service Charges	\$1,885,726	\$1,392,787	\$2,191,581	\$1,451,274			
Total Revenue	\$2,153,914	\$2,296,483	\$2,489,258	\$2,190,851			

### **Explanation of Revenues**

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,630,855

Federal Primary Care grant: \$658,118 State Family Planning grant: \$45,180

State Maternal & Child Health grant: \$36,279

### **Significant Program Changes**

Last Year this program was: 40019A North Portland Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.