

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: One-Time-Only Request, Out of Target

Executive Summary

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation, and limiting the spread of these diseases through disease control interventions. This one-time-only offer focuses on specialty clinical and outreach services for tuberculosis and immunizations that directly support communicable disease prevention work. The program has been working closely with CCO partners to help stabilize funding for these services, with a completed agreement expected during FY19.

Program Summary

The vision of Communicable Disease Services (CDS) is to be a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDS works with communities to provide health education and screening, and offers immunizations through our downtown clinic. For people who already have diseases like TB, CDS assures access to evaluations, medications, and TB case management services.

As part of assuring access to tuberculosis evaluation, screening & treatment and immunizations, the program provides point-of-care services through a downtown clinic, home visits, and community sites, like the Transition Projects Day Center. Because the public health model used to deliver these services does not easily fit into fee-for-service medical care reimbursement models, CDS has been working diligently with a Community Care Organization (CCO) to identify an alternate payment mechanism for these point of care services (per ORS 414.153, based on HB 3650, Section 24). An agreement for a payment model supporting point of care services should be completed in FY 2019. This model should provide a mechanism through which CCOs and payors can provide appropriate compensation for clinical services and supports provided to their clients, using public health models of care for specialty conditions directly related to the control of communicable diseases in the community. This compensation should allow CDS to maintain a comprehensive disease prevention system. Specifically, services eliminated from 40010-19 will be restored – keeping the CDS Clinic open 5 days/week (current Program Offer limits to 4 days/week), and maintaining staff who support both the provision of immunizations as well as TB screening for shelter residents (the Blue Card program). Also restored will be a 0.8 FTE Data Analyst Senior to support reporting for the new CCO compensation agreement. If an agreement cannot be reached, the remainder of FY19 will be used to engage stakeholders – including those representing persons experiencing homelessness as well as regional medical providers – on how to move forward without the Blue Card program and with decreased capacity as a provider of last resort for immunizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Implemented compensation model with CCO for clinical point-of-care services for TB and immunizations.	NA	NA	NA	1
Outcome	Maintain current CDS service level for shelter screening (shelter clients screened or evaluated).	NA	NA	NA	2,500
Outcome	Maintain current CDS service level for immunizations (immunization doses administered added back).	NA	NA	NA	1,000

Performance Measures Descriptions

1) Compensation model with CCO for clinical point-of-care services for TB and immunizations, with payment mechanisms in place. 2) Number of shelter clients likely to be screened or evaluated for TB if the shelter screening program is restored. 3) Number of doses of vaccine provided likely to be added back if immunizations-specific LPN position is restored.

Legal / Contractual Obligation

For CCO: ORS 414.153, based on HB 3650, Section 24

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$326,157	\$27,731
Materials & Supplies	\$0	\$0	\$22,894	\$0
Internal Services	\$0	\$0	\$0	\$3,496
Total GF/non-GF	\$0	\$0	\$349,051	\$31,227
Program Total:	\$0		\$380,278	
Program FTE	0.00	0.00	3.40	0.20

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$2,720	\$0
Service Charges	\$0	\$0	\$0	\$31,227
Total Revenue	\$0	\$0	\$2,720	\$31,227

Explanation of Revenues

Added revenue based on a portion of the number of doses of vaccine provided likely to be added back if immunizations-specific LPN position is restored.

Significant Program Changes

Last Year this program was:

Restores current CDS program activities, including 0.2 FTE (1 day/week) for all clinic-specific staff; 1.0 FTE LPN; 1.0 FTE CHS 2; and 0.2 FTE Data Analyst Sr.