

**Department:** Health Department

**Program Contact:** Amy Henninger

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Clinical Directors ensure that MDs, NPs, and PAs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective and based on proven best practices.

**Program Summary**
**Medical Directors Office:**

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees medical educational programs.
3. Sets and monitors provider productivity goals.
4. Investigates and remedies clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.
7. Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

**Performance Measures**

| Measure Type | Primary Measure  | FY19 Actual | FY20 Budgeted | FY20 Estimate | FY21 Offer |
|--------------|--|-------------|---------------|---------------|------------|
| Output       | 80% (or more) of providers are maintaining and serving their maximum panel size.                   | 75%         | 80%           | 74%           | 80%        |
| Outcome      | Maintain compliance with regulatory and licensing standards/boards.                                | 100%        | 100%          | 100%          | 100%       |
| Output       | Increase actual panel size (#patients seen in last year) for primary care and HSC by 2000 patients | 38,481      | 39,000        | 39,000        | 40,481     |

**Performance Measures Descriptions**

Output reflects a focus on improving value and good patient outcomes (including access to care) as a part of an APM (Alternative Payment Methodology) pilot where there is a focus on increased value in care delivery. This pilot incentivizes whole person care.

By recruiting, our panel sizes may decrease slightly but our access and capacity increases. This will be noted by and increase in Performance Measure 4. but could show a decrease in Performance Measure 1.

## 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.

## Revenue/Expense Detail

|                        | Adopted<br>General Fund | Adopted<br>Other Funds | Adopted<br>General Fund | Adopted<br>Other Funds |
|------------------------|-------------------------|------------------------|-------------------------|------------------------|
| Program Expenses       | 2020                    | 2020                   | 2021                    | 2021                   |
| Personnel              | \$904,350               | \$78,439               | \$841,061               | \$326,635              |
| Contractual Services   | \$87,000                | \$0                    | \$87,000                | \$142,040              |
| Materials & Supplies   | \$83,560                | \$58                   | \$100,128               | \$993                  |
| Internal Services      | \$217,735               | \$9,091                | \$204,019               | \$38,215               |
| <b>Total GF/non-GF</b> | <b>\$1,292,645</b>      | <b>\$87,588</b>        | <b>\$1,232,208</b>      | <b>\$507,883</b>       |
| <b>Program Total:</b>  | <b>\$1,380,233</b>      |                        | <b>\$1,740,091</b>      |                        |
| <b>Program FTE</b>     | 2.48                    | 0.32                   | 2.60                    | 1.80                   |

| Program Revenues          |                    |                 |                    |                  |
|---------------------------|--------------------|-----------------|--------------------|------------------|
| Intergovernmental         | \$0                | \$87,588        | \$0                | \$507,883        |
| Other / Miscellaneous     | \$180,000          | \$0             | \$180,000          | \$0              |
| Beginning Working Capital | \$100,000          | \$0             | \$100,000          | \$0              |
| Service Charges           | \$880,000          | \$0             | \$880,000          | \$0              |
| <b>Total Revenue</b>      | <b>\$1,160,000</b> | <b>\$87,588</b> | <b>\$1,160,000</b> | <b>\$507,883</b> |

## Explanation of Revenues

This program generates \$136,620 in indirect revenues.

Medical Directors (Physician, Nurse Practitioner, Physician Assistants) is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant)

\$ 87,588 - State Family Planning  
\$ 1,160,000 - Patients Fees  
\$ 420,295 - Federal Primary care 330

## Significant Program Changes

Last Year this program was: FY 2020: 40030-20 Medical Director