

Department: Health Department

Program Contact: Amy Henninger

Program Offer Type: Support

Program Offer Stage: As Requested

Related Programs:
Program Characteristics: In Target

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 General Fund	Adopted Other Funds	Requested General Fund	Requested 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
Total GF/non-GF	\$1,292,645	\$87,588	\$1,232,208	\$507,883
Program Total:	\$1,380,233		\$1,740,091	
Program FTE	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
Total Revenue	\$1,160,000	\$87,588	\$1,160,000	\$507,883

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