

Department: Health Department **Program Contact:** Michele Koder
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 pharmacy program provides critical medication access to Health Department clients as well as emergency preparedness programs. The pharmacies dispense approximately 350,000 prescriptions per year to insured, underinsured and uninsured clients of Primary Care Clinics, Dental Clinics, Student Health Centers, HIV Health Services Center, Sexually Transmitted Disease (STD) Clinic, Communicable Disease Services and Harm Reduction clinics. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

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.

Medications are primarily purchased through the 340B drug pricing program (a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices). Different contracts are used to provide medications for individuals upon release from County Corrections and to provide naloxone overdose medications to community partners and first responders.

Revenue generated by the pharmacies are used to provide discounted medications for underinsured and uninsured clients - no client is denied medication due to inability to pay. Revenue is also used to support other services within ICS, including laboratory services, medication disposal services, and the Clinical Pharmacy Program.

The Clinical Pharmacy Program currently consists of seven clinical pharmacists who are embedded in primary care clinics and the HIV Health Service Center. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and manage chronic conditions such as diabetes under collaborative practice agreements with primary care providers.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Prescription Volume	360,414	372,000	365,000	368,000
Outcome	Average Prescription Cost	34	32.62	33	38
Outcome	Capture rate	60%	62%	60%	60%
Quality	Adherence Support	400	480	650	700

Performance Measures Descriptions

1. Prescription Volume (prescriptions filled) reflects the number of prescriptions filled during the fiscal year.
2. Average Prescription Cost reflects the costs associated with filling a prescription minus the actual cost of the medication.
3. Capture Rate is the percentage of prescriptions filled by primary care providers that are filled at County pharmacies.
4. Adherence Support refers to the number of clients enrolled in appointment-based refills and medication synchronization services or who receive specialized packaging to assist in the proper use of medications.

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Care 330 Grant and those services must be in compliance with the HRSA Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all Oregon Board of Pharmacy and DEA regulations and are accredited by The Joint Commission. 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	\$0	\$9,097,700	\$0	\$10,633,173
Contractual Services	\$0	\$128,453	\$0	\$114,464
Materials & Supplies	\$0	\$20,633,491	\$0	\$21,930,600
Internal Services	\$0	\$3,940,777	\$0	\$3,626,901
Capital Outlay	\$0	\$150,000	\$0	\$200,000
Total GF/non-GF	\$0	\$33,950,421	\$0	\$36,505,138
Program Total:	\$33,950,421		\$36,505,138	
Program FTE	0.00	55.33	0.00	63.53

Program Revenues				
Service Charges	\$0	\$33,950,421	\$0	\$36,505,138
Total Revenue	\$0	\$33,950,421	\$0	\$36,505,138

Explanation of Revenues

This program generates \$1,429,098 in indirect revenues.

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

\$ 36,307,170 - Prescription Fees

\$ 197,968 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2022: 40031 Pharmacy

Increased expenditures on drugs; Implementation of Contract Pharmacy to capture additional revenue for clients using an external pharmacy; Exploration of feasibility for expansion of prescription mail order options to clients across the health center; Expansion of the clinical pharmacy program to increase access and the services provided, in addition to quality incentive dollars for the health center.