



Program #40031 - FQHC-Pharmacy **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Michele Koder
Program Offer Type: Operating **Program Offer Stage:** Department 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. Over 50% of prescriptions written by health center providers are filled by ICS pharmacies. The pharmacies dispense approximately 400,000 prescriptions per year to insured, underinsured and uninsured clients of Primary Care Clinics, Dental Clinics, Student Health Centers, the HIV Health Services Center, Sexually Transmitted Infections Clinic, Communicable Disease Services and Harm Reduction clinic. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

Program Description

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 a limited supply of medications for individuals who are released from County Corrections, Expedited Partner Therapy, and naloxone to community partners and first responders. The pharmacies tailor services to each individual and provide talking prescription labels, dual language labels and customized adherence packaging.

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 but not limited to, medication disposal services and the Clinical Pharmacy program.

The Clinical Pharmacy program currently consists of 10 clinical pharmacists who are embedded in primary care clinics and the HIV Health Services 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 independently manage chronic conditions such as diabetes and hypertension.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Prescription Volume	387,486	390,000	405,000	410,000
Outcome	Average Prescription Cost	34	36	35	37
Outcome	Capture rate	54%	60%	56%	58%
Quality	Adherence Support	2030	800	2050	2100

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 and revenue 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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$11,895,116	\$0	\$14,065,528
Contractual Services	\$0	\$318,037	\$0	\$643,450
Materials & Supplies	\$0	\$23,097,544	\$0	\$24,289,154
Internal Services	\$0	\$3,832,152	\$0	\$4,764,305
Total GF/non-GF	\$0	\$39,142,849	\$0	\$43,762,437
Program Total:	\$39,142,849		\$43,762,437	
Program FTE	0.00	61.63	0.00	62.73

Program Revenues				
Service Charges	\$0	\$39,142,849	\$0	\$43,762,437
Total Revenue	\$0	\$39,142,849	\$0	\$43,762,437

Explanation of Revenues

This program generates \$2,378,461 in indirect revenues.
Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

Federal \$ 43,630,062 - Intergovernmental
\$ 132,375 - Patient Fees/Charges for services

Significant Program Changes

Last Year this program was: FY 2024: 40031 FQHC-Pharmacy

The pharmacy program plans continued expansion in fiscal year 2025 to include a post-graduate year 2 ambulatory care residency program and additional pharmacist FTE to increase primary care access, expand population health initiatives, and quality assurance programs - moving away from the provision of traditional provider-centric care to a true multidisciplinary team-based model and assisting with the achievement of quality metrics.