

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to health care standards and regulations (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare).

Program Summary

This program supports services within the project scope of the BPHC grant, which supports the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assure that these efforts are maintained at acceptable thresholds. Maintaining FQHC accreditation assures that the County's primary care, dental, and pharmacy programs are eligible to continue receiving reimbursement for services. In addition, this also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and TJC are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Council (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. This program supports Person Centered Primary Care Health Home programs and represents an opportunity for new healthcare funding based on performance and outcomes. These programs, implemented to meet goals CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks.

Quality project management staff manage the Coalition of Community Health Clinics (CCHC) contract. CCHC is comprised of community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. Coalition clinics provide free or low-cost health care to uninsured people. The County extends Federal Tort Claims coverage, licensing and credentialing to the volunteer providers at the Coalition of Community Health Clinics' (CCHC).

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	% of CCHC clinics that pass annual ICS Quality Department audit.	100%	new measure	100%	100%
Outcome	Maintain compliance with BPHC and JCAHO standards.	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) Changed previous measure (Number of hours, includes licensed health care volunteers who work at CCHC clinic sites) New Measure, 100% of CCHC clinics pass annual ICS Quality audit; 2) Good standing as a fully accredited organization under the Joint Commission's standards for health organizations 3) Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$4,768,601	\$1,409,247	\$4,871,465	\$1,407,442
Contractual Services	\$81,000	\$6,000	\$242,173	\$142,040
Materials & Supplies	\$208,671	\$19,784	\$186,337	\$3,611
Internal Services	\$1,090,197	\$480,346	\$1,293,714	\$163,122
Total GF/non-GF	\$6,148,469	\$1,915,377	\$6,593,689	\$1,716,215
Program Total:	\$8,063,846		\$8,309,904	
Program FTE	40.37	12.93	36.60	12.20

Program Revenues				
Intergovernmental	\$0	\$1,525,377	\$0	\$1,716,215
Other / Miscellaneous	\$3,182,519	\$240,000	\$3,280,000	\$0
Beginning Working Capital	\$0	\$0	\$600,000	\$0
Service Charges	\$1,956,061	\$150,000	\$1,946,000	\$0
Total Revenue	\$5,138,580	\$1,915,377	\$5,826,000	\$1,716,215

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with HRSA grant revenue, quality incentive payments and County General Fund. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

Medical Fees: \$ 5,826,000
 Federal Primary Care (330) grant: \$ 1,716,216

Significant Program Changes

Last Year this program was: FY 2019: 40034-19 Quality Assurance

ICS Administration, Operations, and Quality Assurance staffing was reduced by 2.50 FTE.