

Department: Health Department

Program Contact: Dawn Shatzel

Program Offer Type: Support

Program Offer Stage: As Requested

Related Programs:
Program Characteristics: In Target

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 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 prog. 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 in the 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. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards. Quality project mgt. staff manages 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 CCHC.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Maintain accreditation with The Joint Commission, including the patient-centered medical home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC (HRSA Community Health Center Program)	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) New measure - Good standing as a fully accredited organization under the Joint Commission's standards for health organizations, including as a PCMH 2) Good standing as a Community Health Center (FQHC) under the Bureau of Primary Care's Health Resources and Administrative Services program 3) Maintenance of FQHC grantee funds by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care 330 Grant. Services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$4,871,465	\$1,407,442	\$5,513,109	\$1,722,545
Contractual Services	\$242,173	\$142,040	\$171,000	\$0
Materials & Supplies	\$186,337	\$3,611	\$231,702	\$315
Internal Services	\$1,293,714	\$163,122	\$1,522,630	\$201,538
Total GF/non-GF	\$6,593,689	\$1,716,215	\$7,438,441	\$1,924,398
Program Total:	\$8,309,904		\$9,362,839	
Program FTE	36.60	12.20	39.17	15.57

Program Revenues				
Intergovernmental	\$0	\$1,716,215	\$0	\$1,233,448
Other / Miscellaneous	\$3,280,000	\$0	\$3,401,000	\$690,950
Beginning Working Capital	\$600,000	\$0	\$837,780	\$0
Service Charges	\$1,946,000	\$0	\$2,404,493	\$0
Total Revenue	\$5,826,000	\$1,716,215	\$6,643,273	\$1,924,398

Explanation of Revenues

This program generates \$805,478 in indirect 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.

- \$ 2,223,493 - FQHC Medicaid Wraparound
- \$ 1,232,070 - Federal Primary Care (330) grant
- \$ 4,419,780 - Medicaid Quality and Incentives
- \$ 330,150 - CareOregon Maternal Child Medical Home fund
- \$ 360,800 - Medicare Annual Wellness Visit Program

Significant Program Changes

Last Year this program was: FY 2020: 40034-20 ICS Administration, Operations, and Quality Assurance