



**Program #40034 - ICS Administration, Operations, and Quality Assurance** 3/2/2021

**Department:** Health Department **Program Contact:** Adrienne Daniels  
**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 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 coordinating adherence to health care standards and regulations (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare), and the state based Patient-Centered Primary Care Home (PCPCH) model, which provides critical quality incentive funding.

**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. 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 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

This program supports services within the project scope of the BPHC grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, 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. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope 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 Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. 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.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

**Performance Measures Descriptions**

Maintain accreditation with The Joint Commission (TJC), in support of quality and safety and to bill Medicaid. Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Community Health Center Program. Required to continue specific service level agreements and financial benefits for patients. HRSA Community Health Center Program Grant renewed annually, including reporting of services provided, staffing, and patient demographics.

## Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance 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
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$5,507,428	\$1,722,545	\$8,165,231	\$1,117,419
Contractual Services	\$159,970	\$0	\$119,000	\$0
Materials & Supplies	\$231,702	\$315	\$197,733	\$2,492
Internal Services	\$1,523,785	\$201,538	\$2,503,518	\$148,754
<b>Total GF/non-GF</b>	<b>\$7,422,885</b>	<b>\$1,924,398</b>	<b>\$10,985,482</b>	<b>\$1,268,665</b>
<b>Program Total:</b>	<b>\$9,347,283</b>		<b>\$12,254,147</b>	
<b>Program FTE</b>	39.17	15.57	52.75	9.35

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,233,448	\$0	\$1,051,965
Other / Miscellaneous	\$3,412,030	\$690,950	\$3,886,574	\$216,700
Beginning Working Capital	\$837,780	\$0	\$2,050,000	\$0
Service Charges	\$2,393,463	\$0	\$5,048,908	\$0
<b>Total Revenue</b>	<b>\$6,643,273</b>	<b>\$1,924,398</b>	<b>\$10,985,482</b>	<b>\$1,268,665</b>

## Explanation of Revenues

This program generates \$1,236,364 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.

\$ 4,519,323 - FQHC Medicaid Wraparound

\$ 1,051,965 - Federal Primary Care (330) grant

\$ 6,466,159 - Medicaid Quality and Incentives

\$ 216,700 - Medicare Annual Wellness Visit Program

## Significant Program Changes

**Last Year this program was:** FY 2021: 40034 ICS Administration, Operations, and Quality Assurance

As part of the wider community health center program's response to COVID19, staff in the quality and operational teams have developed specific workflows to support testing and vaccination during the pandemic. The program will continue to support these efforts as part of the community health center's response to COVID19.