



**Program #40103 - FQHC-Quality Assurance** FY 2024 Department Requested

**Department:** Health Department **Program Contact:** Brieshon D'Agostini  
**Program Offer Type:** Existing **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 Quality Assurance Program provides pivotal support and oversight critical to Health Center services, such as quality assurance and improvement, accreditation and compliance, management of our clinical systems, business intelligence reporting and analysis, and activities to improve health equity and population health.

**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.

This program supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue. 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. 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, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program 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  | FY22 Actual | FY23 Budgeted | FY23 Estimate | FY24 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. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

|                         | Adopted<br>General Fund | Adopted<br>Other Funds | Department<br>Requested<br>General Fund | Department<br>Requested<br>Other Funds |
|-------------------------|-------------------------|------------------------|---|--|
| <b>Program Expenses</b> | <b>2023</b>             | <b>2023</b>            | <b>2024</b>                             | <b>2024</b>                            |
| Personnel               | \$0                     | \$4,732,359            | \$0                                     | \$4,786,968                            |
| Contractual Services    | \$0                     | \$203,762              | \$0                                     | \$559,079                              |
| Materials & Supplies    | \$0                     | \$92,505               | \$0                                     | \$107,283                              |
| Internal Services       | \$0                     | \$1,285,392            | \$0                                     | \$1,327,122                            |
| <b>Total GF/non-GF</b>  | <b>\$0</b>              | <b>\$6,314,018</b>     | <b>\$0</b>                              | <b>\$6,780,452</b>                     |
| <b>Program Total:</b>   | <b>\$6,314,018</b>      |                        | <b>\$6,780,452</b>                      |  |
| <b>Program FTE</b>      | 0.00                    | 23.26                  | 0.00                                    | 29.00                                  |

| <b>Program Revenues</b>   |            |                    |            |                    |
|---------------------------|------------|--------------------|------------|--------------------|
| Intergovernmental         | \$0        | \$269,900          | \$0        | \$150,000          |
| Other / Miscellaneous     | \$0        | \$2,547,768        | \$0        | \$2,737,500        |
| Beginning Working Capital | \$0        | \$1,045,000        | \$0        | \$1,045,000        |
| Service Charges           | \$0        | \$2,451,350        | \$0        | \$2,847,952        |
| <b>Total Revenue</b>      | <b>\$0</b> | <b>\$6,314,018</b> | <b>\$0</b> | <b>\$6,780,452</b> |

## Explanation of Revenues

This program generates \$668,739 in indirect revenues.

\$ 2,847,952 - Fee for Services (FFS) - FQHC Medicaid Wraparound

\$ 1,045,000 - Other - Medicaid Quality and Incentives

\$ 2,737,500 - Other - Medicaid Quality and Incentives

Federal \$ 150,000 - Federal - Primary Care (PC) 330 - 93.224

## Significant Program Changes

**Last Year this program was:** FY 2023: 40034 FQHC-Administration and Operations

The program contains staffing in support of the Racial Equity Diversity and Inclusion Initiative. In FY24, the equity positions are updated to be permanent, reflecting the need for ongoing investment into program support and development in equity programming. Specific limited duration ARPA roles from FY23 will be removed for FY24.