



Community Health Center Integrated Clinical Services

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Multnomah County
May 6, 2026

Community Health Center Board



Community Health Center Board

Volunteer, patient-majority Board provides governance on Health Center services, including budget, care policies, fees, and locations. Their lived experience is their best quality for membership; The Board has been in operation since 1980.

Community Health Center Board Budget Process



Planning
and
Evaluation

Modeling
and
Program
Review

Final
Proposals

November:

- Comprehensive review of strategic priorities, and launch of updated FY26-28 strategic plan
- Capital priorities identified
- Early prioritization for budget planning areas

December - January:

- Staffing models and scenarios analyzed with different proposals

February - April:

- Discussion on impact and expected outcomes across large federal changes
- Final CHCB FY 2027 Budget Approval

Community Health Center Board FY 2027 Priorities

The Community Health Center budget will continue to provide a stable foundation for health care services, but must make some changes to prepare for HR1 impacts to patient access and financials

Preserve clinical and patient facing services



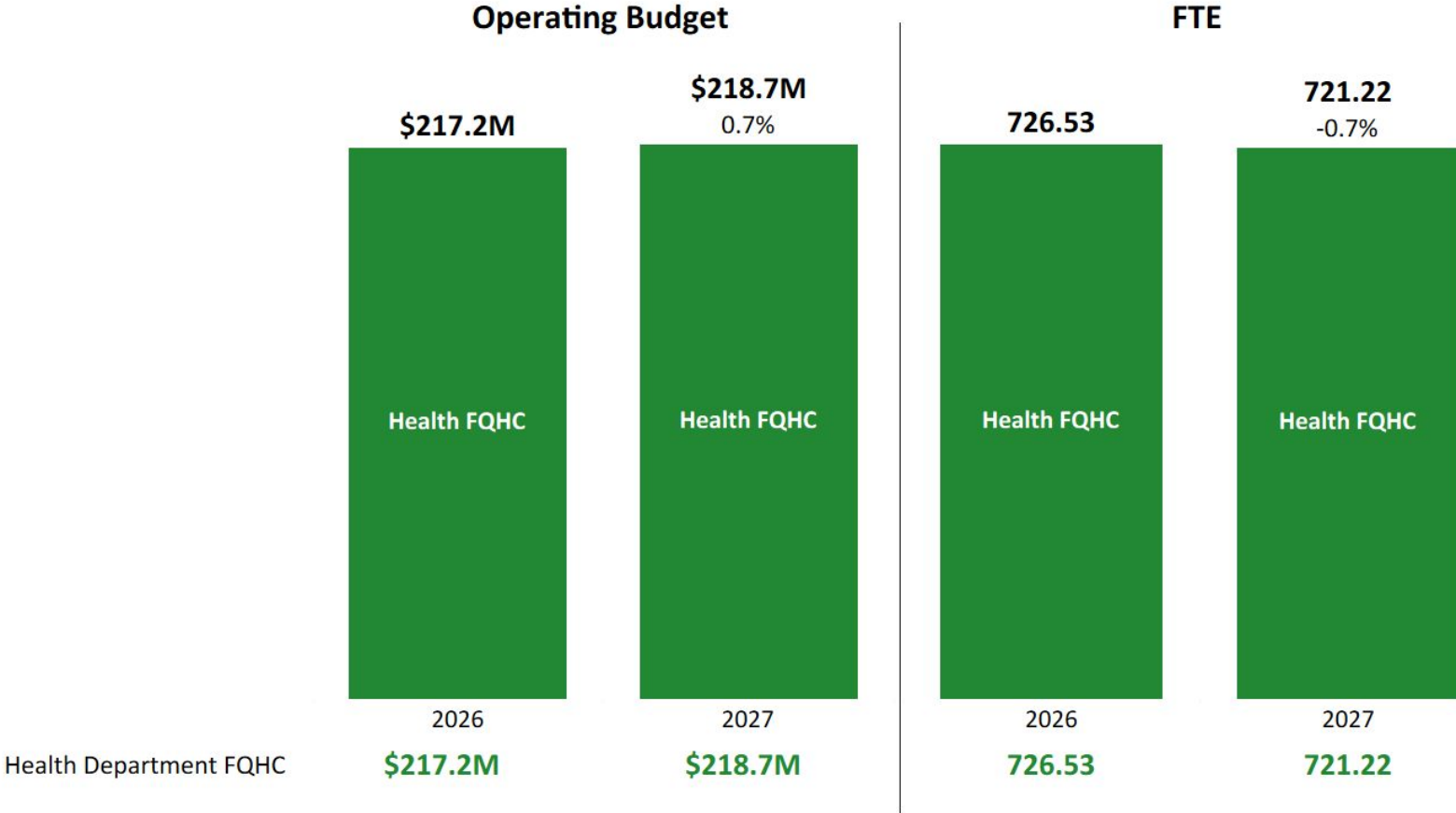
Optimize access to appointments



Reinforce areas of support for patient engagement



Community Health Center: Operating Budget & FTE



Community Health Center: How the Budget Delivers



\$103.3M in Primary Care Services

- Increases clinical teams for patient care access
- Maintains highly effective provider workforce pathways and modifies others



\$41.4M in Pharmacy Services

- Contract Pharmacy Expansion maintained
- Ramping up clinical pharmacist services and appointments



\$33.1M in Dental Services

- Maintains current access
- Maintains School and Community Oral Health Program
- Consolidating to internal workforce pathways without reducing student headcount



\$2.8M in Capital and Services Access Investments

- Epic Electronic Health Record Transformation
- Mid County capital evaluation
- Behavioral health services needs evaluation

Community Health Center: Celebrating Excellence & Advocacy



Aaron Baeza, Patient Access and Engagement Manager received the **Geiger Gibson National Award** (top left) and Dr. Azma Ahmed, Dental Director, was inducted into the **Pierre Fauchard Academy** (middle).

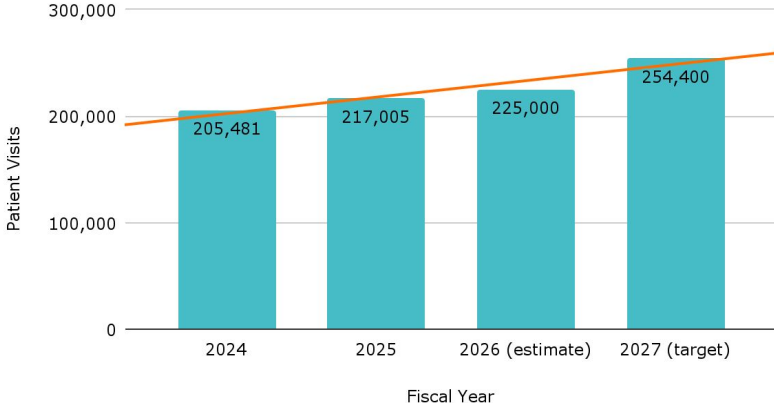
The Community Health Center received the **National Network for Oral Health Access' John MacFarlane Award** for leadership.

Community Health Center: Outcome Statement/KPI

Outcome Statement:

Residents in Multnomah County living on low incomes will have increased access to a medical home model that includes primary care, integrated behavioral health services, dental, and pharmacy services.

Patient Visits by Fiscal Year



Completed Patient Encounters	FY 2026 Estimate	FY 2027 Target
Encounters are completed visits for patients under primary care regardless of reimbursement models (Fee For Service, Alternative Payment Method, and uncompensated models of care)	Estimate of 225,000 Completed Patient Visits	Target of 254,400 Completed Patient Visits

Federal policy changes will introduce new challenges

Loss of Medicaid Matching Funds



Reduction in federal funds matching State emergency Medicaid spending, leading to potential for stricter eligibility and reduced benefits.

OHA has announced changes to HOP reimbursement and automatic assignment.

Loss of Provider Taxes



Elimination or reduction of provider taxes used to draw down federal funds, putting increased pressure on safety-net providers.

OHA has already reduced funding for primary care reimbursement and quality payments.

New Administrative Verification



Patients face new requirements to verify income and work hours (80 hrs/month), creating high operational strain for staff.

CMS Final Rule is scheduled for June.

OHA has established draft automatic exemptions but must wait until final CMS guidelines are released in June.

340B Rebate Pilot



Implementation of pilot programs changing the 340B drug pricing model to a rebate system, threatening significant revenue loss.

Courts overturned the previous attempt, but new proposals are still pending.

Community Health Center: Impacts on patients with low income



- Health Center patients and staff will face new administrative requirements to comply with new HR1 Medicaid rules
- The Oregon Health Authority will have some flexibility to set automatic exemptions and data verification, however, it is expected that the operational strain will remain very high
- CMS Section 71107 Medicaid Director Letter: States will have two options for renewal dates
- CMS will release final rules in June, 2026

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Community Health Center: Preparing for changes



Implement access improvement in our patient appointments

- Make it easier for new patients to get care: increase new patient appointments and complete hiring for provider teams
- Keep current patients and assigned patients engaged: Increasing same day and next day appointments
- Make it simple for high risk patients to come back to the Health Center
- Focus on patients with the fewest resources

Community Health Center: Preparing for changes



Leverage technology to improve, automate, and simplify insurance registration and re-enrollment for health center patients

- Evaluate and invest in reporting tools and workflows:
 - OCHIN's Financial Assistance Module
 - Epic Payor Platform for Insurance support
- Pilot new registration processes and same-day outreach to patients who may need help with insurance enrollment
- Work with Coordinated Care Organizations and Community Based Organizations on gender affirming care language and protections which are responsive to risks of federal funding reductions or program eligibility

Integrated Clinical Services: Reductions

Program Offer #	Program Offer Name or Reduction Description	Other Funds Reductions	Other Funds FTE Reductions	Total Reductions
40016	FQHC-Medicaid/Medicare Eligibility	(127,583)	(1.00)	(127,583)
40019	FQHC-North Portland Health Clinic	(303,203)	(1.50)	(303,203)
40020	FQHC-Northeast Health Clinic	(67,405)	(0.50)	(67,405)
40022	FQHC-Mid County Health Clinic	(390,856)	(2.00)	(390,856)
40027	FQHC-Southeast Health Clinic	(205,238)	(1.50)	(205,238)
40029	FQHC-Rockwood Community Health Clinic	(101,409)	(1.00)	(101,409)
40030	FQHC-Medical Director	(532,160)	(1.10)	(532,160)
40032	FQHC-Lab and Medical Records	(108,513)	(1.00)	(108,513)
40034A	FQHC-Administration and Operations	(904,952)	(5.50)	(904,952)

Integrated Clinical Services: Reductions

Program Offer #	Program Offer Name or Reduction Description	Other Funds Reductions	Other Funds FTE Reductions	Total Reductions
40102	FQHC Allied Health	(127,583)	(1.00)	(127,583)
40103	FQHC-Quality Assurance	(543,089)	(3.00)	(543,089)
	Grand Total	(3,411,991)	(19.10)	(3,411,991)

Community Health Center Capital Priorities

- As directed by the Community Health Center Board, the Health Center's strategic plan identifies support for investing in technology to assist patients with accessing care and identifying improvements in clinic facilities.
 - **Electronic Health Record (EHR) Transformation:** Investments from FY 2026 are maintained in FY 2027 to modernize OCHIN Epic EHR
 - **Mid County Health Center:** Completed an initial capital evaluation about long-term needs of this location, with initial forecasting for repair and replacement options. Facilities and County CFO's team will guide the next engagement and planning steps with the Health Center.
 - **Walnut Park (Northeast Health Center):** Participate in quarterly planning calls regarding investment options and future services planning needs for the Community Health Center.
 - **Rockwood:** Ongoing HRSA and County supported renovations to modernize and address HVAC repairs.



Additional Issues

Oregon Legislature - Short Session Updates

Oregon's short session included several changes which work to improve patient rights and care information.

- **SB1570** clarifies that healthcare facilities are not open to federal agents. We will continue to work with the County facilities team and attorney office to define private areas and new requirements for specific and written response protocols.
- **HB4088** improved protections for providers and staff who help patients access critical primary care services, including gender affirming care procedures and reproductive health services. There are no changes to our services, and we will continue to respond to data requests in alignment with our patient privacy policies (which are strengthened under HB4088).