

Priority:	Safety Net Services	Lead Agency:	Health Department
Program Offer Type:	Existing Operating	Program Contact:	ABDELLATIF Vanetta
Related Programs:	40039B, 40039C		
Frameworks:	School Aged Policy Framework, Early Childhood Framework, Poverty Framework		

Executive Summary

Program provides access to care that links behavioral physical health, and social services for the poor, uninsured, and homeless populations to culturally competent comprehensive primary health care, including acute and chronic illness care, specialized care for HIV positive individuals, family planning, prenatal care, dental care, mental health treatment, and preventive services (immunizations, well child and nutrition services).

Part A of this three part offer is two of seven clinics in the current Primary Care system. One clinic was closed at the start of FY05.

Program Description

Program operates seven primary care delivery sites. Six sites are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), a national health care quality review organization; the seventh is preparing for the survey in the near future. 1) A specialized focus: the Westside Health Center and La Clinica de Buena Salud focus on serving homeless adults and children, and the HIV Health Services Center focuses on comprehensive services designed for HIV positive individuals. 2) Wide-ranging services include: Medicaid eligibility screening; medical specialty care such as optometry, dermatology, podiatry, endocrinology, colposcopy, rheumatology, and obstetrics and gynecology services; and ancillary support (laboratory, radiology, and pharmacy). 3) "Enabling services": Includes interpretation (provided by certified medical interpreters who are bi-lingual and often from the same culture of the clients served), case management, and medical transportation (provided to assure access to needed services).

Program Justification

Primary Care clinics provide resources to vulnerable individual and families by delivering care that addresses the needs of the whole person. Primary Care also provides health education, illness prevention and interventions to keep clients from experiencing health crises. 15.9% of Oregon residents are uninsured with few options for medical care. In addition, residents with Oregon Health Plan coverage find that many physician offices will not treat them, choosing instead to serve only those with commercial insurance coverage. Primary Care clinics are a vital safety net for uninsured residents, residents with Oregon Health plan coverage, the vulnerable medically indigent, individuals/families, and populations that are difficult to reach and treat (e.g. homeless and HIV positive individuals). The Health Department has a well established infrastructure that ensures provision of high quality physical and behavioral health care, education, intervention, preventive care, and information and referral services for underserved populations throughout the county. The services are delivered in adherence with all the over-arching values described by the Basic Living Needs team.

Performance Measures

1. Average number of days to next available appointment is four or less.
2. 80% of diabetics have two HgbA1c tests (standard for diabetic control) in 12 months.
3. Number of annual visits meets budgeted goal.

Summary of last year's program results and this year's expected results

1. FY 04: 5.5 days is average until next available appointment Projected FY 05: 3.0 days. 2. FY 04: 43.2% of diabetics have two Hgba1c tests. Projected FY 05: 60%. 3. FY 04: 92.1% of annual visits meets budget goal. Projected FY 05: 96%. Performance results are aggregated for all clinic sites.

Primary Care will provide an estimated total of 115,000 billable visits in FY05.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

Program complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and Care Oregon contractual obligations. HIV services grant funded through Ryan White Care Act, Titles I and III.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
Program Expenses				
Personnel	\$2,231,052	\$14,716,367	\$499,932	\$5,163,444
Contracts	\$53,410	\$1,421,017	\$73,691	\$300,872
Materials & Supplies	\$205,142	\$918,878	\$23,947	\$278,909
Internal Services	\$762,913	\$4,526,765	\$156,613	\$1,843,805
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	\$3,252,517	\$21,583,027	\$754,183	\$7,587,030
Administration	\$0	\$0	\$158,094	\$0
Program Support	\$0	\$0	\$1,964,088	\$2,741,483
Subtotal: Other Exps:	\$0	\$0	\$2,122,182	\$2,741,483
Total GF/non-GF:	\$3,252,517	\$21,583,027	\$2,876,365	\$10,328,513
Program Total:	\$24,835,544		\$13,204,878	
Program FTE	0.00	0.00	5.97	60.08
Program Revenues				
Indirect for dep't Admin	\$1,916,517	\$0	\$395,956	\$0
Fees, Permits & Charges	\$0	\$933,832	\$0	\$282,520
Intergovernmental	\$0	\$24,401,507	\$0	\$7,437,524
Other / Miscellaneous	\$0	\$52,396	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$388,952	\$2,000,986
Total Revenue:	\$1,916,517	\$25,387,735	\$784,908	\$9,721,030

Explanation of Revenues

Grant funds and enhanced Medicaid and Medicare revenue support this program. County general fund in Primary care is used as local in-kind to obtain and keep the Primary Care grant and the resulting enhanced Medicaid and Medicare rate.

Significant Program Changes

In FY05 the Primary Care system implemented a clinical redesign, reducing clinical staff and changing the size and composition of the medical teams. With more clients losing their Oregon Health Plan coverage, resulting in a loss of Medicaid revenue to the clinics, Primary Care closed a clinic site, a first in Health department history. The clinical redesign saved about \$3.3 million and the site closure saved about \$1 million in staff and operating costs. In FY06, the clinics will design and implement Electronic Medical Record (EMR) in partnership with Oregon Collaborative Health Information Network (OCHIN). Formalize efforts to increase number of patients served in HIV Health Services by focusing on other physical diseases that are chronic in nature and would benefit for current delivery model (e.g. treatment of Hepatitis C).

Primary Care clinics have a percentage of Support that is much higher than the Department average of 20% because their clients use most of the Clinic Infrastructure providing, lab, x-ray, pharmacy, appointment center and translation services to clients receiving primary care services.