

Priority: Basic Needs **Lead Agency:** Health Department
Program Offer Type: Program Alternative / **Program Contact:** ABDELLATIF Vanetta M
Related Programs: 40057A, 40060A, 40062A, 40063A, 40066A

Program Characteristics:

Executive Summary

La Clínica de Buena Salud (LCDBS) provides access to care that links the poor, uninsured and homeless populations to culturally competent comprehensive primary health care. LaClinica currently has 2 provider teams providing 5,235 visits in FY2007. This offer will support one provider team.

Program Description

Multnomah County's Primary Care services provide culturally competent comprehensive primary & preventative health services in compliance with the bureau of Primary Health Care regulations (our largest single funder) & JCAHO (a healthcare accrediting origination.) Each clinic has a mix of clients & the required mix of services necessary to retain accreditation & compliance with regulatory agencies & funding sources. Each clinic is strategically placed within communities that have very large numbers of poor citizens. The clinic program offers are packaged with these requirements in mind. LCDBS is a partner of a community provider network within The Baltazar F. Ortiz which is a multi-service building located within the Cully Neighborhood in Northeast Portland., and works in collaboration with Hacienda Community Development Corporation and the Multnomah County Department of County Human Services and Mental Health and Addiction Services Division (Bienestar De La Familia.) and NW Medical Team's mobile dental van. La Clínica staff are 100% Bilingual. 99% of the clients are from the Latino Community. Services include primary care, well-child exams, family planning, prenatal services, Lab services, immunizations, diabetes screening, and a complete range of family practice with focus on maternal and child health. In addition, screening and preventative services targeting drug and alcohol treatment and prevention, domestic violence, and attention to other prevalent health issues prevalent such as, diabetes and obesity in Latino youth. LCDBS focuses on homeless children and families. LCDBS works in collaboration, in the Ortiz Building, with other agencies and independent Hispanic providers in the community, including El Programa Hispano, SMG Foundation, NE Portland Public School, State Department of Human Services, Oregon Council for Hispanic Advancement (OCHA.)
 1 Team Summary: Total Visits-2,618 Cost per Visit-\$532 Other Rev per Vi

Program Justification

LCDBS provides care to vulnerable citizens who would have little or no access to medical care. Residents with Oregon Health Plan coverage find that many physicians' offices will not treat them, choosing instead to serve only those with commercial insurance coverage. At LCDBS 60% of our patients are uninsured and 38% on Medicaid. Census maps show this northeast area of Portland to have one of the densest Latino populations in the county. 26% of the Cully population was Hispanic in 2004.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of annual client visits	5,023	5,210	5,210	2,618
Outcome	80% of Diabetics receive community standard of care	50%	60%	50%	80%
Efficiency	Fewer days to next appointment	6	6	8	6
Quality	% of Patients very satisfied with services	0%	0%	0%	70%

Performance Measure - Description

Diabetes is a health disparity for poor, uninsured and minorities. Community standard is 2 Hemoglobin blood tests 2 x in 12 mnths. Community standard for patient satisfaction is 65% very satisfied. Patient satisfaction is a new measure for this clinic.

Legal/Contractual Obligation

LCDBS complies with the Bureau of Primary Health Care (BPHC) Grant, State Family Planning Agency Grant, JCAHO accreditation requirements, CLIA (laboratory accreditation) requirements and Care Oregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$0	\$0	\$36,952	\$397,933
Contracts	\$0	\$0	\$7,053	\$75,958
Materials & Supplies	\$0	\$0	\$4,981	\$53,645
Internal Services	\$0	\$0	\$12,168	\$131,041
Capital Outlay	\$0	\$0	\$989	\$10,647
Subtotal: Direct Exps:	\$0	\$0	\$62,143	\$669,224
Administration	\$0	\$0	\$13,585	\$0
Program Support	\$0	\$0	\$308,924	\$338,567
Subtotal: Other Exps:	\$0	\$0	\$322,509	\$338,567
Total GF/non-GF:	\$0	\$0	\$384,652	\$1,007,791
Program Total:	\$0		\$1,392,443	
Program FTE	0.00	0.00	0.51	5.20
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$11,581	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$338,567
Total Revenue:	\$0	\$0	\$11,581	\$338,567

Explanation of Revenues

LCDBS is supported by the BPHC Primary Care Grant, BPHC Family Planning Grant and enhanced Medicaid/Medicare revenue. County general fund is used as local in-kind to obtain and keep the Primary Care grant, the Family Planning grant and the resulting enhanced Medicaid/Medicare rates.

Significant Program Changes

Last year this program was:

Electronic medical records (EMR) will be implemented in April 2006 at LCDBS and is expected to provide improvement in reporting and will allow us to improve tracking of patient services and improved notification of patients for needed services as well as preventing errors. In addition to managing our clients health information and medical records effectively, EMR will deliver measurable cost and quality results from improved information management.