

Program # 40057A - ALT: Primary Care-Mid-County Health Clinic (1 team) Version 7/05/2006 s

Priority: Basic Needs **Lead Agency:** Health Department
Program Offer Type: Program Alternative / **Program Contact:** ABDELLATIF Vanetta M
Related Programs: 40060A, 40062A, 40063A, 40064A, 40066A

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) provides access to care that links physical, behavioral health & social services for the poor, uninsured & homeless populations to culturally competent comprehensive primary healthcare, including acute and chronic illness care, family planning, prenatal, dental, mental health treatment, and preventative services like immunizations well child exams and nutritional services. Mid-County currently has 9 provider teams providing 33,780 visits in FY2007. This offer will support one provider team.

Program Description

Multnomah County's Primary Care services provide culturally competent comprehensive primary and preventative health services in compliance with the bureau of Primary Health Care regulations (our largest single funder) and JCAHO (a healthcare accrediting organization.) Each clinic's client mix and required mix of comprehensive services is necessary to retain accreditation and compliance with regulatory agencies and funding sources. Each clinic is strategically placed within communities that have very large numbers of poor citizens. Clinic offers are packaged with these requirements in mind. MCHC is located in a fast growing region of the County (the 2nd largest population of the County) with the highest proportion of non-English speaking residents. 13% of Mid-County residents have incomes below the federal poverty level, 5% of the households receive public assistance & 33% of had incomes below 200% of poverty. In 2005, 65% of the clients at MCHC required interpretation. Of those clients 41% spoke Russian, 38% spoke Spanish & 7% spoke Vietnamese & 15% a variety of other languages. 68% of clients had incomes at or below 100% of federal poverty level, while 99.1% are at or below 200% of federal poverty level. MCHC is also the gateway for medical screening of communicable diseases for newly arrived refugees. In 2005, we screened 1,149 refugees who settle in Multnomah County. Of these 55% received on-going medical care at the clinic. This care is financed by a federal grant & Medicaid.
 1 Team Summary: Total Visits-3,753 Cost per Visit-\$856 Other Revenue per Visit-\$250 CGF Revenue per Visit-\$606

Program Justification

MCHC provides resources to vulnerable individuals and families by delivering care that addresses the needs of the whole person. MCHC provides health education, illness prevent and interventions to keep clients from experience health crises. 16% of Oregon resident are uninsured with few options for medial care. In addition, residents with the Oregon Health plan coverage find few physicians willing to treat them, preferring patients with commercial insurance. At MCHC , 18% of patients are uninsured with 77% having Medicaid insurance. The services are delivered in adherence with all the over-arching values described by the Basic Living Needs Team.

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	28,074	29,424	30,081	3,753
Outcome	80% of Diabetics receive community standard of care	75%	60%	75%	80%
Efficiency	Fewer days to next appointment	5	5	5	5
Quality	%of Patients very satisfied	59%	65%	65%	65%

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.

Legal/Contractual Obligation

MCHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and Care Oregon Health plan 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	\$0	\$899,168
Contracts	\$0	\$0	\$0	\$77,930
Materials & Supplies	\$0	\$0	\$0	\$90,157
Internal Services	\$0	\$0	\$0	\$243,030
Capital Outlay	\$0	\$0	\$0	\$19,257
Subtotal: Direct Exps:	\$0	\$0	\$0	\$1,329,542
Administration	\$0	\$0	\$59,921	\$0
Program Support	\$0	\$0	\$1,116,534	\$705,181
Subtotal: Other Exps:	\$0	\$0	\$1,176,455	\$705,181
Total GF/non-GF:	\$0	\$0	\$1,176,455	\$2,034,723
Program Total:	\$0		\$3,211,178	
Program FTE	0.00	0.00	0.00	10.27
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$65,672	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$233,100
Program Revenue for Admin	\$0	\$0	\$0	\$705,181
Total Revenue:	\$0	\$0	\$65,672	\$938,281

Explanation of Revenues

Significant Program Changes

Last year this program was:

Last year, the measures provided were based on data from all of the 6 primary care sites. This year the outcomes and measures are reflective of Mid-County medical data only. Efficiency will be gained due to the conversion to the new Electronic Medical/Health record.