

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** LOOS Mary E

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to healthcare standards.

**Program Description**

This program supports the services in the project scope of the BPHC grant which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services of the County's uninsured and underinsured. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC), which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts reach acceptable thresholds. This program supports the ongoing delivery of Primary Care, Homeless, Dental and School Based Health clinical services through the following activities:

- Management of all aspects of the BPHC grant, including adherence to all Federal program requirements.
- Review, audit and maintain standards of clinical quality and safety as required to maintain Joint Commission (JC) accreditation, which the BPHC strongly supports.
- Emphasis on use of data and provision of evidence-based care to increase performance outcomes.
- Provision of financial analysis, monitoring and revenue development for revenue generating program areas.
- Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction.

**Program Justification**

This program educates and informs citizens on the results and price of integrated clinical services delivered in the county. This includes measuring clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and the JC are our primary external benchmarking organizations relative to performance indicators. Program includes: •Work with the Community Health Council, client feedback results, and collaborations with other health care delivery partners to reduce costs and assure continued revenue through federal, state and private funding. •Three year JC re-accreditation awarded in 2006 – recognizing we meet the national model for quality and safety. Lab re-accreditation visit due in upcoming months. •BPHC competitive grant application approved for five years (\$6.5 million for year 3). •This infrastructure is required to meet BPHC grant requirements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output		0	0	0	0
Outcome	Percentage of grants renewed	100.0%	100.0%	100.0%	100.0%
Outcome	Maintain compliance to Joint Commission Standards	90.0%	90.0%	100.0%	100.0%

**Performance Measure - Description**

1. Bureau of Primary Health Care Performance Reviews results and monthly audits in key performance areas.
2. National benchmark of 90% compliance is required to meet standards/rules governing quality and safety, per Bureau of Primary Health Care (BPHC) Accreditation Initiative. Ongoing targeted compliance audits focus mainly on areas identified as needing improvement. Annual Periodic Performance Review assesses the entire program.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$737,055	\$0	\$669,724	\$508,161
Contracts	\$147,000	\$0	\$125,000	\$8,951
Materials & Supplies	\$20,500	\$0	\$12,765	\$53,506
Internal Services	\$38,036	\$0	\$27,926	\$79,382
Subtotal: Direct Exps:	<b>\$942,591</b>	<b>\$0</b>	<b>\$835,415</b>	<b>\$650,000</b>
Administration	\$15,925	\$0	\$21,317	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$15,925</b>	<b>\$0</b>	<b>\$21,317</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$958,516</b>	<b>\$0</b>	<b>\$856,732</b>	<b>\$650,000</b>
Program Total:	<b>\$958,516</b>		<b>\$1,506,732</b>	
Program FTE	7.20	0.00	5.53	5.45
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$28,718	\$0
Intergovernmental	\$0	\$0	\$0	\$350,000
Other / Miscellaneous	\$0	\$0	\$0	\$300,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$28,718</b>	<b>\$650,000</b>

## Explanation of Revenues

## Significant Program Changes

Last year this program was:  
#40034 Quality Assurance