

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *max* BOARD AGENDA # B-10
Urgent Routine AGENDA DATE October 2, 2007
CEO Concurs with Recommendation YES NO 4/5 Vote Required YES NO
(Information Attached)

SUBJECT:

Acknowledgement of the Receipt of the Federally Qualified Health Center Look-Alike Designation of the Health Services Agency Primary Care Clinics; Approval to Amend the Salary and Position Allocation Resolution and Create the Classification of Medical Director

STAFF RECOMMENDATIONS:

1. Acknowledge receipt of the Federally Qualified Health Center Look-Alike designation of the Health Services Agency primary care clinics.
2. Amend the Salary and Position Allocation Resolution to add a new classification of Medical Director at salary band I (\$142,833.60- \$214,260.80) annually effective the start of the first pay period after Board approval.
3. Amend the Salary and Position resolution Allocation to add one new Medical Director position assigned to the Health Services Agency's Clinics and Ancillary Services budget unit.

FISCAL IMPACT:

Receipt of the Federally Qualified Health Center Look-Alike (FQHC-LA) designation is estimated to have an annual net revenue impact of approximately \$6.4 million. Given that the designation is effective as of September 20, 2007, the estimated net revenue impact for Fiscal Year 2007 – 2008 is \$4.9 million, including the impact of the requested Medical Director position.

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BOARD ACTION AS FOLLOWS:

No. 2007-802

On motion of Supervisor Grover, Seconded by Supervisor Mayfield
and approved by the following vote,

Ayes: Supervisors: Mayfield, Grover, Monteith, DeMartini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

ATTEST: Christine Ferraro
CHRISTINE FERRARO TALLMAN, Clerk

File No.

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FISCAL IMPACT: (Continued)

Changes to the Clinics and Ancillary Services budget as a result of the FQHC-LA designation will be submitted as part of the First Quarter Financial Report for 2007-2008.

DISCUSSION:

On August 26, 2006, the Health Services Agency submitted an application on behalf of the County of Stanislaus and the Community Health Center Board for the Federally Qualified Health Center Look-Alike (FQHC-LA) designation for its primary care clinics, including urgent care. After much review, the federal government determined that our application met the federal requirements and on September 24, 2007, provided written confirmation that the designation had been granted effective September 20, 2007.

It is estimated that the annual net impact of the FQHC-LA designation is approximately \$6.4 million, and on a prorated basis, approximately \$4.9 million in this Fiscal Year 2007-2008.

FQHC-LA designation does place some additional requirements on the Agency. While there are several requirements that the Agency has already implemented or are currently absorbing within their existing staffing resources, the requirement and responsibilities of a Medical Director is one obligation beyond what presently exists. The Medical Director will have a key role in ensuring that the organization's mission, goals and values are supported and facilitated by the medical staff. They will be responsible for overall patient services within the organizations primary care clinics. In addition, the Medical Director is responsible for the management of the medical staff, as well as clinic-wide coordination of the delivery of professional medical care, facilitation of the medical care review process, and development of the health care plan. They will also oversee and facilitate the assurance that the medical program's clinical measures are being met.

Although the Agency has a licensed physician under contract to serve as the Medical Director, the scope of responsibilities and the commitment of time are limited and do not fully meet the intent of the Federal guidelines. In order to ensure the FQHC-LA requirements are met the Agency is requesting that a new position be allocated to the agency to allow the Managing Director to expand the existing Medical Director's role and responsibilities under an employed relationship. It is the intent that the Medical Director will not only meet the FQHC-LA requirements, but also assume an active role in managing the clinical

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utilization of the Medically Indigent Adult program. The budget impact of this position was considered when estimating the net impact of the FQHC-LA.

Other Related Actions:

For Fiscal Year 2007-2008, the financial goal of the Agency's Clinics and Ancillary Services Division was to achieve a break-even position with a planned general fund contribution of approximately \$4 million. Projections submitted with the Proposed Budget in June indicate that without the FQHC-LA designation or other significant system changes, the Clinics and Ancillary Services Division would require more than \$12 million in additional funding to achieve a break-even position.

Based on the urgency and level of complexity, on July 17, 2007, the Board authorized the engagement of external experts, HFS Consultants. These experts have assisted the Chief Executive Office, Auditor-Controller and Health Services Agency staff in the development of policy recommendations to resolve the current fiscal crisis and to implement sustainable solutions that seek to preserve services for the community within limited available resources. It was acknowledged that the policy recommendations were expected to differ significantly based upon the outcome of the pending FQHC-LA application. The intended work of the consultants and staff was for the purpose of effectively planning alternatives which could be promptly launched based on the possible outcomes of the pending application, and in order to minimize, as much as possible, the financial exposure to the County.

On September 11, 2007, staff presented several recommended initiatives to the Board of Supervisors based on the initial consultant's report. Four of the initiatives were subject to a public hearing that has been scheduled to take place on October 16, 2007. All of the recommendations that were not subject to the future hearing were approved and are in various stages of implementation.

Having now received written confirmation of the FQHC-LA designation, it is recommended that the classification of Medical Director be established and one Medical Director position be allocated to the Health Services Agency Clinics and Ancillary Services budget. Corresponding budget impacts will be included in the First Quarter Financial Report for 2007-2008.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of a healthy community and efficient delivery of public services.

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STAFFING IMPACT:

Authorize the addition of a new position and classification of Medical Director to the Health Services Agency's Clinic and Ancillary budget at the salary band of \$142,833.60- \$214,260.80 (Band I) annually effective the start of the pay period after the Board of Supervisors' approval. The new classification will be designated as management and assigned to the unclassified service. The attached proposed job specification outlines the duties and responsibilities of this classification if approved by the Board of Supervisors.



MEDICAL DIRECTOR STANISLAUS COUNTY JOB CLASSIFICATION

DEFINITION:

Working under the direction of the Managing Director of the Health Services Agency and as a member of the Senior Management team, the Medical Director will have a key role in ensuring that the organization's mission, goals and values are supported and facilitated by the medical staff. The Medical Director will be a key member in transforming HSA and its contracted providers into an innovative medical care provider promoting quality care and accessible services in an efficient and caring manner. In addition, this position is responsible for overall patient services within the organization's primary care clinics, the management of the medical staff including midlevels, as well as clinic-wide coordination and facilitation of the medical care review and delivery process and development of the health care plan. The individual will oversee and facilitate the assurance that the medical program's clinical goals and measures are met. The Medical Director will also provide strategic direction and innovative problem solving capability for the Managing Director of HSA, Chief Executive Officer of the Community Health Center Board and as a member of the executive team.

TYPICAL TASKS:

- Act as head of medical services of the HSA ambulatory clinics working collaboratively with provider relations, physicians, mid levels practitioners and HSA management on all aspects of operational and patient care policies, procedures and guidelines including working collaboratively with administrative clinical management on best practices and operation work flow;
- Works with physicians to ensure continuous communication, timely resolution and appropriate coaching;
- Responsible for medical oversight of utilization management, quality management, and continuous process improvement activities;
- Provides quality management review and expertise with respect to planning and establishing goals and policies to improve medical management in conjunction with the Clinical Care Committee;
- Working with Risk Management, reviews, investigates and resolves customer complaints and provider quality concerns including overseeing peer review process;
- Develops and implements clinical care protocols for patient practices;
- Directs and oversees the programs compliance with voluntary, state and federal agencies, laws, rules and regulations;
- Ensure compliance of medical staff and residency program with the HSA mission statement and County policies as they relate to medical care and medical staff by-laws;
- Oversees performance evaluation process of the physicians and MLPs, that includes directing, coaching and counseling;
- Participates in the recruitment, placement and orientation of physicians and MLPs;
- Appoints and supervises Clinic Chiefs;
- Facilitates regular meetings of the Clinic Chiefs, medical professionals and administrative staff;
- Ensures fiscal responsibility within the medical group as it relates to provider productivity, utilization of resources and practice efficiency;
- Identifies opportunities for network development and collaborates with contracting associates to implement quality-based, cost-efficient referral network;
- Participate in the review and assessment of complex, controversial and/or unique medical claims which are outside the realm of medical policy and provide advice as necessary;
- Implements improvements, determines and recommends plans for establishing new service programs or major changes in methods or levels of service delivery;
- Reviews program development and funding needs, contents and timelines of grant submissions, and controls program activities within budgetary limits or policies;
- Provides advice on utilization of HSA's clinical resources;
- Provides leadership to medical staff in preparation for State and CMS surveys;
- Acts as liaison with medical community and Medical Directors of contracted health plans;
- Advises, consults and makes recommendations to the HSA Managing Director on medical staff affairs and issues;

- Conducts monthly Clinic Chief's meetings, as well as periodic all-physician meetings;
- Attends Clinical Care Committee meetings, Community Health Board Meetings and various community and Board of Supervisor's meetings on an as needed basis;
- Maintains cooperative working relationships with a multidisciplinary management team;
- Collaborates in strategizing the organization's marketing plan;
- Provides utilization analysis, provider education, and develops case management criteria for the MIA program;
- Participate in the Agency's effort to select and implement an Emergency Medical Records solution;
- Provide back-up support to the County's Public Health Officer when required.

MINIMUM QUALIFICATIONS:

SKILLS/ABILITIES	KNOWLEDGE
<ul style="list-style-type: none"> • Possess strong analytical and technical skills to review, prepare, and interpret medical reports and related material and make logical recommendations; • Excellent written and verbal communication skills; • Manage large and complex budgets; • Manage quality improvement initiatives, including redesigning processes, establishing metrics, and leading quality teams; • Display flexibility in accepting, changing, or carrying out assignments; • Network and advocate for the organization and serve as a liaison to local and State professional societies; 	<ul style="list-style-type: none"> • Principles and practices of modern medicine including, preventive and primary and medical health care; • Principals of organization, management and supervision; • Recruitment techniques to attract qualified medical personnel; • Previous management skills in a similar position with Quality Management background; • Knowledge of clinical operations, current therapies and the delivery of quality medical that are consistent with a licensed primary care physician; • Knowledge of third party payor issues, California medical practice guidelines and malpractice laws, Title 22 regulations, Bureau of Primary Care; • Sensitivity to a culturally diverse environment.
EDUCATION/EXPERIENCE/LICENSE	
<ul style="list-style-type: none"> • One year of post-residency experience in a family practice setting; • Possession of a valid California medical license or eligible for a valid California Physician license; • Medical Degree, preferably Board Certified in Family Practice, Primary Care, or related specialty; • Two years of experience with coding and/or reimbursement requirements; • Qualifies for and maintains active status on the medical staff of a community hospital. 	

BOARD OF SUPERVISOR'S PRIORITIES:

- A healthy community