



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # R-9 DATE 4/28/11
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date:	4/28/11
Agenda Item #:	R.9
Est. Start Time:	10:28 am
Date Submitted:	4/5/11

BUDGET MODIFICATION: HD-11-16

Agenda Title: BUDGET MODIFICATION HD-11-16 Request approval to appropriate \$91,232 in revenue from the Kaiser Foundation Research Institute.

Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

Requested Meeting Date:	<u>April 28, 2011</u>	Amount of Time Needed:	<u>5 Minutes</u>
Department:	<u>Health Department</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Lester A. Walker, Budget and Finance Manager</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>26457</u>
		I/O Address:	<u>167/2/210</u>
Presenter(s):	<u>Susan Kirchoff, Health Centers Operations Director</u>		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$91,232 in revenue from the Kaiser Foundation Research Institute to support a National Institutes of Health (NIH) research project regarding the dissemination of cardiovascular disease (CVD) risk factor treatment among diabetic patients in Federally Qualified Health Centers (FQHC).

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Kaiser Permanente through a grant from the NIH is engaged in a demonstration and dissemination project that extends a cardiovascular disease risk-reduction program to a vulnerable outpatient population receiving Diabetes Mellitus DM care in 11 FQHC clinics in the Portland metropolitan area. The Multnomah County Health Department is partnering in this project as a sub recipient.

Adults with DM and other risk factors who take aspirin, statins, and ACE Inhibitors can reduce their

risk of cardiovascular events by as much as 40%. This study will adapt intervention strategies used by Kaiser Permanente to increase the percentage of DM patients on these medications in the study clinics. Intervention strategies are derived from the Chronic Care Model and include primary-care-team-based care, active case management; clinical prompts built into the electronic medical record (EMR), linked pharmacy datasets with the EMR to monitor patient adherence, and a panel reporting tool that prioritizes clinical follow-up to those most at risk.

The study examines the effectiveness of the dissemination of the intervention, and its impact on patient adherence, by measuring changes in DM population prescription rates for the target medications and changes in prescription refill rates, using a pre and post comparison within clinics and a staggered, randomized implementation across clinics. A process evaluation will be conducted to identify the factors important to dissemination and implementation success.

This increase in funding affects Program Offer 40030: Medical Directors (Physician, Nurse Practitioner and Nursing). Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs, have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement initiatives are effective and appropriate for the communities we serve, cost effective, and based on proven best practices.

3. Explain the fiscal impact (current year and ongoing).

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$91,232.

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

ATTACHMENT A

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

The Health Department's federal/state revenue budget will increase by \$91,232 in FY11 as a result of the work performed under this award. (CFDA #93.837)

- **What budgets are increased/decreased?**

As a result of this budget modification, the Health Department's budget will have the following changes:

- The Temporary budget will increase by \$63,310
- The Non Base Fringe budget will increase by \$19,006
- The Non Base Insurance budget will increase by \$2,057
- The Central Indirect budget will increase by \$1,434
- The Dept Indirect budget will increase by \$5,425

- **What do the changes accomplish?**

This grant will support a National Institutes of Health (NIH) research project regarding the dissemination of cardiovascular disease (CVD) risk factor treatment among diabetic patients in Federally Qualified Health Centers (FQHC). The overarching goals of the study are to identify and resolve issues in disseminating a successful program from a large, well-organized health system into community clinics, so that the program may be implemented more widely in other community health centers and practice settings with modest EMR infrastructure resources. The proposed study will pave the way for future research on disseminating evidence-based care using safety net clinics' EMR.

- **Do any personnel actions result from this budget modification? Explain.**

No additional FTE will result from this budget modification. The internal services costs necessary to support any temp/on-call staff utilized on this grant are included in the current FY 2011 budget.

- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

The revenue covers these costs.

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

This revenue is one-time-only, and the function is not ongoing. When the grant expires, the project will have been completed.

- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

The grant period is September 7, 2010 – May 31, 2011 with additional awards expected for two more years. There are no match requirements or non-standard reporting requirements.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: HD-11-16

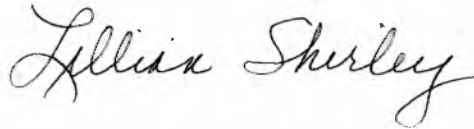
Required Signatures

**Elected Official or
Department/
Agency Director:**

KaRin Johnson for:

3-30-11

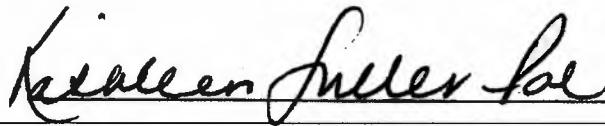
Date:



04/05/2011

Budget Analyst:

Date:



Department HR:

Date: 03/29/2011

Countywide HR:

Date:

Budget Modification ID: **HD-11-16****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	40-80	32443	40030	30			4CA151-01-1	50195	0	(91,232)	(91,232)		IG-OP-Fed Thru Other
2	40-80	32443	40030	30			4CA151-01-1	60100	0	63,310	63,310		Increase Temporary
3	40-80	32443	40030	30			4CA151-01-1	60135	0	19,006	19,006		Increase Non Base Fringe
4	40-80	32443	40030	30			4CA151-01-1	60145	0	2,057	2,057		Increase Insurance Benefits
5	40-80	32443	40030	30			4CA151-01-1	60350	0	1,434	1,434		Increase Central Indirect
6	40-80	32443	40030	30			4CA151-01-1	60355	0	5,425	5,425		Increase Dept Indirect
7													
8	72-10	3500		20		705210		50316	274,250	272,193	(2,057)		Insurance Revenue
9	72-10	3500		20		705210		60330	790,839	792,896	2,057		Offsetting Expenditure
10													
11	19	1000		20		9500001000		50310	(5,448,271)	(5,449,705)	(1,434)		Indirect Reimb Rev in GF
12	19	1000		20		9500001000		60470	6,616,593	6,618,027	1,434		CGF Contingency Expenditure
13													
14	40-90	1000	40040	30		409050		50370	(5,929,918)	(5,935,343)	(5,425)		Dept Indirect Revenue
15	40-90	1000	40040	30		409001		60000	355,952	361,377	5,425		Dept Indirect Offsetting Exp
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