

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,740,968	\$9,979	\$1,760,300	\$785,757
Contractual Services	\$1,082,286	\$0	\$102,000	\$24,500
Materials & Supplies	\$213,837	\$1,014	\$42,261	\$187,489
Internal Services	\$586,267	\$1,007	\$288,946	\$245,247
Total GF/non-GF	\$4,623,358	\$12,000	\$2,193,507	\$1,242,993
Program Total:	\$4,635,358		\$3,436,499	
Program FTE	25.71	0.09	15.50	7.10

Program Revenues				
Indirect for Dept. Admin	\$227,276	\$0	\$186,829	\$0
Intergovernmental	\$1,042,056	\$0	\$0	\$1,230,993
Other / Miscellaneous	\$1,460,523	\$12,000	\$1,500,000	\$12,000
Financing Sources	\$1,029,600	\$0	\$0	\$0
Total Revenue	\$3,759,455	\$12,000	\$1,686,829	\$1,242,993

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with County General Fund and HRSA grant revenue. In past years this program received funding through the State's Patient Centered Medical Home and CareOregon's Primary Care Renewal Innovation funding. Program leadership are working with CCO's to support quality payments that can support this program long-term.

Primary Care Renewal / Primary Care Quality incentives (in the General Fund: \$1,500,000
 Federal Primary Care grant: \$1,230,993
 Volunteers of America grant: \$12,000

Significant Program Changes

Last Year this program was: 40034A Quality Assurance

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. During this transition to more performance based care, it will be important to provide quality and IT support to provide evidence of quality improvement and other metrics. In FY14, \$1m in Patient Centered Primary Care Health Home funds were budgeted here. This quality incentive program ended in September 2013 leaving less funding for these activities. In addition general fund was moved from this program to the Primary care clinics. As a result, several Community Health Specialists, Program Specialists and a Project Manager working on various quality improvement projects were cut from the FY15 budget.