



OREGON HEALTH & SCIENCE UNIVERSITY BOARD OF DIRECTORS MEETING

**April 6, 2017
9:30am – 11:00am
CLSB 3A002**

9:30 am	Call to Order/ Chairwoman's Comments President's Comments Approval of Minutes (Action)	Maria Pope Joe Robertson, MD Maria Pope
9:40 am	Repeal/Replace ACA	Abby Tibbs, JD
10:00 am	FY17 February Financial Results	Lawrence Furnstahl
10:20 am	The State of Performance Improvement	Chuck Kilo, MD
10:40 am	Interprofessional Care Access Network (I-CAN): Scaling Statewide	Peggy Wros, PhD
11:00 am	Other Business; Adjournment	Maria Pope

**Oregon Health & Science University
Board of Directors Meeting
October 27, 2016**

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 2:15 p.m. in the Collaborative Life Sciences Building, 2730 SW Moody Road, room 3A001, Portland, Oregon.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the OHSU Board Secretary at 3181 SW Sam Jackson Park Road, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

A quorum of the Board was present. Board members in attendance were Maria Pope, Chair, presiding; David Yaden, vice-chair; Joe Robertson; Wayne Monfries; Frank Toda and Amy Tykeson. Also present were Lawrence Furnstahl, Chief Financial Officer; Connie Seeley, Secretary of the Board; other OHSU staff members and members of the public.

Call to Order

Maria Pope called the meeting to order at 2:15 p.m.

Board Chairwoman's Comments

Ms. Pope welcomed new board member, Wayne Monfries.

President's Comments

Dr. Robertson spoke on the following topics:

- ***Maria Pope, OHSU Board Chair***
Dr. Robertson welcomed Ms. Pope as the new board chair, and took the opportunity to thank both Ms. Pope and the entire board of directors for their service.
- ***Jenny Mladenovic, M.D.***
Dr. Robertson announced that our provost, Dr. Mladenovic, had retired from OHSU. He cited her many accomplishments in her five years here, and wished her well. Elena Andresen, PhD, is the new interim Provost.
- ***Center for Radiochemistry Research***
OHSU has its new cyclotron. This will give us both diagnostic and treatment opportunities.
- ***Awards***
 - OHSU ranked 17th in the University Health Consortium Vesicant Quality and Accountability scorecard.
 - OHSU is ranked #35 on Router's 100 list of the world's most innovative universities.

Approval of Minutes

Ms. Pope asked for approval of the minutes of the September 29th board meeting, included in the board docket. Upon motion duly made by Amy Tykeson and seconded by Wayne Monfries, the minutes were unanimously approved.

Financial Update

Lawrence Furnstahl

Mr. Furnstahl presented the FY16 audited financial statements, and stated the audit went well.

He mentioned that the results reflect two large one-time swings. Under Gift, Grants and Contracts, the line amount leaps to \$900 million, an increase of \$343 million. This amount includes Ms. Gert Boyle's \$100 million gift to the Knight Cancer Challenge. Also, we have a line called Defined Pension Expense and the debit amount reflects the Morrow decision of the Supreme Court of Oregon. These two large items essentially offset the underlying financial performance. Our total increase in net worth, which rose \$320 million last year, rises \$400 million this year.

Regarding the pension plan, after OHSU implemented the change to the PERS plan requiring employees to contribute their share, over 90% of new employees coming into OHSU choose the UPP plan. This has changed the plan mix from 62% PERS / 38% UPP four years ago to 36% PERS / 64% UPP today.

Mr. Furnstahl then introduced Drew Corrigan from KPMG.

Drew Corrigan, auditor

KPMG

Mr. Corrigan focused on a few highlights from the audit, namely the difference between GASB reporting requirements and those of FASB; the inclusion of Partners, Salem Health and Tuality in OHSU's financial statements; OHSU Partners agreed-upon procedures and the cyclotron.

Lawrence Furnstahl

Mr. Furnstahl then presented on the unaudited financial results through the first three months of this fiscal year.

Ms. Pope asked if Mr. Furnstahl had reforecast for the balance of the year given where he started off. Mr. Furnstahl replied that yes, he has reforecast, and he remains confident that we will pick up this gap and end the year at that same budget level.

Resolution 2016-10-12

Acceptance of Financial Statements and Independent Auditors' Report

Ms. Pope asked for a motion for Resolution 2016-10-12. Frank Toda moved to approve the motion. Wayne Monfries seconded the motion. The motion passed.

Ms. Pope then introduced Janet Billups, OHSU General Counsel.

Janet Billups, General Counsel

Ms. Billups addressed the board on the Integrity Program, in her role as interim chief operating officer. Ms. Billups spoke a bit about the history of the compliance program, and then focused most of her presentation on the future, since a fairly significant restructuring is taking place. The clinical enterprise integrity program is now going to report to Mr. Goldfarb and to the Faculty Practice Plan CEO, Anthony Masciotra. Research Integrity reports to Dan Dorsa. Dr. Dorsa is bringing on Dana Director to take over that role. Information and Privacy has now been transitioned to Bridget Barnes. Audit and Advisory will be managed by Tim Marshall. Ms. Billups

stressed that Integrity is not going away, that OHSU will still have a chief integrity officer who will continue to manage shared services, chairing a compliance oversight council.

Mr. David Yaden asked about the institutional review board, asking if that goes as part of the research integrity program to research administration. Ms. Billups replied that it does. She went on to say that the institutional review board reviews all scientific projects involving human subjects, just as the institutional animal care and use committee reviews all research involving animals and both of those are within research integrity, along with projects involving recombinant DNA. That report is up to the institutional official, which is research administration.

Mr. Yaden asked if there are any changes to the board's role in participation in any of the compliance oversight activities. Ms. Billups replied that yes, there are, saying that there has not been enough of a connection between the clinical enterprise integrity program and the board. She said that there has been a report on leading issues and those are brought to IPOC. However, what the federal government expects in the health care setting is that there be a tight relationship between governance and integrity. What we intend to do is have the university health system board, the UHS board, adopt and take on a role in clinical compliance. As background, the UHS board is considered by the joint commission to be a governing body of our health system, so it meets the federal government's requirements if the UHS board takes on this role. We're not going to start sending our integrity officer, compliance officer to make regular reports every board meeting, but we are planning on looking for a small group of board members at the UHS board, preferably including some of you who sit on that board. Including one of you who also sits on the OHSU board, so that connection is made very directly and focused on clinical compliance.

Resolution 2016-10-13

Board Committee Assignments

Ms. Pope asked for a motion for Resolution 2016-10-13. Frank Toda moved to approve the motion. Wayne Monfries seconded the motion. The motion passed.

Resolution 2016-10-14

Change in number of board members required for a quorum

Ms. Pope asked for a motion for Resolution 2016-10-13. Amy Tykeson moved to approve the motion. Frank Toda seconded the motion. The motion passed.

Ms. Pope then introduced Dr. Bonnie Nagel.

Dr. Bonnie Nagel, PhD.

Vice Chair of Research/Psychiatry

Dr. Nagel spoke at length on the adolescent brain and cognitive development study at OHSU and across the country. OHSU was chosen for an NIH study to be one of 19 data collection sites that is following the development of 10,000 kids who will be followed through adolescence and evaluated for cognition, behavior, mental health, etc.

Ms. Tykeson asked Dr. Nagel how is it the study can retain the participants over the course of the 10 years? Dr. Nagel replied that from a data collection standpoint, in order to diversify our sample, we have a firm at the University of Michigan that has identified specific schools within each of the demographic areas to target a wide range of ethnic populations, racial populations and socioeconomic status. We are going to be reaching certain schools as they are given to us by that firm. The second piece is that we enhance our risk by screening in various risk factors that we know may lead an individual to use drugs or alcohol earlier and we by no means, want people to use drugs and alcohol, but we really do want to study what's occurring in today's society. So we have heightened our risk by looking at known behavioral and

personality characteristics, and familial characteristics that the literature has shown us so far heighten risk. So that is happening at a basic level from a screening standpoint and from a recruitment standpoint. In terms of our ability to retain these individuals, we are talking about across these 19 data collection sites, we are talking about 50 investigators. Most of us have been doing this for 10 years or longer where we have run longitudinal studies. I can tell you from my studies alone we have a 98% retention rate and some of these kids we have been following for 6-7 years. Now it doesn't mean that it is going to be as successful as a 98% retention rate, but I will tell you that forming the relationships with these families is crucial and we do that. We not only incentivize them by paying them for coming into these visits and paying them quite well, but we also send annual newsletters. We send birthday cards and gift certificates. We remain in regular contact with them. We have locator information that allows us, if they are a fairly transient family, to be able to contact relatives or friends that they have given us information for so that we can re-contact them if they move. We have also been able, in some of my other multi-site longitudinal studies to transfer participants. So people move out of their original demographic area and into another capture area, we have transferred participants so that another site begins following them. That has been very successful for us as well. Again, this is an unprecedented study. We haven't done this before, but we have a lot of high hopes based on existing experience that we will do what we set out to do.

Dr. Robertson interjected that he thinks this is very socially relevant at this particular time and of great interest to the community and the nation. It is one of many examples that we like to show that the strength of OHSU is incumbent upon the strength of the faculty and it was not OHSU that went out and got this wonderful grant. It was the specific faculty that did the work and finally it is an opportunity for OHSU to showcase and begin to better inform all of you about the strength of our neurosciences program. When we look across the broad spectrum of neurosciences, we are among the top programs in the country. If you look in terms of combined federal funding OHSU will be in the top few. It changes in any given year, but we are again truly among the elite and when I look at it I see that we have particular strength in neurodevelopment. We also have a strength. We also have a great deal of strength in those areas of the nervous system that pertain to degeneration so if you look at this truly in a comprehensive package, we can state this in one way. We have real expertise about understanding the life cycle of the brain because as we think that it sort of serves as a nucleus of our approach to neurosciences because again if you go back to basic biology, senescence starts when growth stops. So here at OHSU we really do have the ability to look at the brain over the entire life cycle of the brain and Bonnie's work has been one example of that.

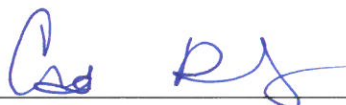
Mr. Yaden asked if the idea of open sourcing the data and sharing it is going to increasingly become the model that is seen for research. Also, does the grant include money for you to actually work on the data once you have acquired it? Dr. Nagel said, although she cannot know the future with any certainty, it looks like open sourcing is going to more and more become common in the future. NIH has been investing more and more in requiring us in our applications to be very explicit about our data sharing. It really is a very nice model. It gets way more bang for the buck if you will. A lot of people are able to use that data. A big topic in science is replication right now, especially in neuroimaging so it allows people to take their own questions within their own laboratory and replicate them in separate data sets. That's going to be, I think, the wave of the future. The second part of it is, although this was an inordinate amount of money, it was a tight amount of money to be able to do the type of work we are proposing to do. So the amount of effort for each of us on this study, in terms of how much of our salary is covered, is actually quite small. I think all of us are so invested in this that certainly we will find time to not only collect the data, but to analyze the data and disseminate it, especially when we find a way to clone all of ourselves. But in answer to your question, I have no doubt that the investigators here at OHSU will make good use of the data that's being collected.

Dr. Robertson added that this is an opportunity to remind people that Francis Collins was here earlier in the week, the director of NIH, and gave the Hatfield Lecture. In the discussion that followed and in the discussion with small groups beforehand, I think he very much reinforced what Bonnie is saying. That we are moving toward making sure that this data is available for use.

Adjournment

Hearing no further business, Ms. Pope adjourned the meeting at 3:09 p.m.

Respectfully submitted,



Connie Seeley
Assistant Secretary of the Board

Oregon Health & Science University
Board of Directors Meeting
January 26, 2017

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 1:30 p.m. in the Collaborative Life Sciences Building, 2730 SW Moody Road, room 3A002, Portland, Oregon.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the OHSU Board Secretary at 3181 SW Sam Jackson Park Road, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members in attendance were David Yaden, presiding chair; Joe Robertson; Ken Allen; Suzy Funkhouser and Amy Tykeson. The number of board members present did not constitute a quorum. Also present were Lawrence Furnstahl, Chief Financial Officer; Connie Seeley, Secretary of the Board; other OHSU staff members and members of the public.

Call to Order

David Yaden called the meeting to order at 1:30 p.m.

Mr. Yaden stated that although there is not a quorum in attendance at today's meeting, it is still a legal public meeting. No actions will be taken, including approval of board minutes. Mr. Yaden introduced Dr. Robertson.

President's Comments

Dr. Robertson spoke on the following topics:

- ***Cost Containment Measures***
Dr. Robertson stated OHSU's goal is to preserve our mission and jobs as we head into a period of great uncertainty. We know that there is a budget shortfall of \$1.7-\$1.9 million. The Affordable Care Act is under siege, and Medicare and Medicaid are likely to see some changes. We will be very actively engaged in working with our legislature and with Congress to protect those services.
- ***Rating Agencies***
This past week we have engaged our rating agencies, and we have had very good feedback from them. They tell me that they haven't yet witnessed an institution that has done it to this degree with the amount of detail and planning that we have put forward.
- ***Vaccine Development***
OHSU has a first of its kind vaccine that was developed by a team of Dr. Louis Picker and others. It has been acquired by a San Francisco biotech start-up and has implications for several diseases, including HIV, malaria, hepatitis, papilloma virus and tuberculosis.

- ***Birthday of the Tram***

This month is the tenth anniversary of the tram. It was considered a folly at the time, but it has surpassed every expectation. There are now more than 100,000 riders per month, and close to 1.5 million riders per year. It has allowed for the expansion at the South Waterfront, and kept thousands of cars off our campus roads.

Portland Business Journal

The Portland Business Journal once again recognized OHSU as the most admired health care organization in Oregon. OHSU was also recognized as number three in the overall category, after Nike and Columbia Sportswear.

Inclement Weather

We have been dealing with some challenging weather conditions. Kudos to our facilities team who worked extra hours, and to the drivers who drove the only 4-wheel drive snow plow spreader in Portland. They helped keep the roads to OHSU open.

Board Chairman's Comments

David Yaden

Mr. Yaden stated that from the perspective of the board, in this time of uncertainty, he had some observations particularly from those on the board who have been here for some time. There is an underlying fundamental strength to this institution that we should all be proud of and take some comfort from. Both financial strength and organizational and management strength. It is important to understand that this is a very strong institution. That strength is necessary for one thing and that is to protect our true asset, which is faculty and staff and many of the people who are here in this room. Finally, the actions that are being taken truly are prudential. This is not panicky stuff. This is getting ahead of the game in a way that I think reflects the underlying financial and management strength of the institution. I just want to pass that on to the members and the 16,000 people who work for this wonderful institution, from the board.

Mr. Yaden then introduced Lawrence Furnstahl.

FY17 December YTD Financial Results

Lawrence Furnstahl

Mr. Furnstahl presented in depth about OHSU's financials for the first half of FY17; preparing for \$200 million shortfall in state Medicaid payments; OHSU's recent bond issuance; and our debt portfolio.

Mr. Allen commented that he wholeheartedly agrees with caution going forward. He added: We don't know what impact is going to be of the attack on the ACA and we worked hard on healthcare reform. I am proud that I was on the exchange and we drove down the number of uninsured significantly. But OHSU played a lead role in healthcare reform and going back to the Bates/Greenlick Committee where we presented some of the best information about what is going on in healthcare in Oregon. I helped put together those reforms and OHSU has a high degree of credibility with the public and the legislature around these issues. I hope that we continue to play that role. As we go forward we need to put forward the facts and not the alternative facts, about what the impact is going to be on deduction of the insured, cuts to Medicare and Medicaid and the impact that transfers to the insured, because we know that with transfer those costs are significant, and you know when you present that slide that shows the reduction of the number of uninsured and really how that has made us a healthier institution, that's a big deal. And going forward we need to make sure that we not only talk about the impact on OHSU, but really the tens of thousands of citizens that are in peril now of having healthcare coverage and access to healthcare that they got from the ACA. We should play a lead role in presenting that information so that we can hold on to as much as we can for those folks.

Ms. Funkhouser added (unintelligible)...that the state has been focused on dealing with over the last decade. And I think we should continue to play that role during the next legislative session.

Mr. Yaden then introduced Dr. Jeffrey Kaye.

Changing the Way We See Alzheimers

Jeffrey Kaye, M.D.

Dr. Kaye gave an in-depth report on Alzheimer's disease, the impact on family support systems, and the heavy cost on the economy. He discussed the need to change the way we see Alzheimers, how best to help patients who are afflicted with it today, and how best to support care givers.

Ms. Tykeson mentioned that she has signed up to be part of an Alzheimer's study. Dr. Kaye thanked her. Ms. Tykeson then asked what percentage of NIH funding is being directed to finding a cure? And how has this shifted in recent years? Dr. Kaye said that in 2015 the NIH budget for cancer research was \$5 billion a year, for Alzheimer's disease it was \$400 million, or \$450 million. That changed with the Alzheimer's care act or plan that Congress passed with bipartisan effort and it doubled that budget. So the current budget is about \$1 billion a year. The question is whether the plan was to continue to increase that. We all have some uncertainty as to where those budgets are going. Hopefully Francis Collins will stay on as the leader of NIH and there really has been terrific bipartisan support for this cause. There actually for the first time is a pass-through budget for Alzheimer's research. Only cancer, HIV/AIDS were given this status, so it is essentially a mechanism where Congress can't play political football with the budget once it is set through the NIH director to the president. And so we think and are very hopeful that we will weather some of these stormy times actually quite well and I think OHSU is really positioned to take advantage of these opportunities, these new funds from NIH, as well as philanthropy and other sources.

Ms. Tykeson asked what can be done to forestall or delay symptoms of Alzheimers? Dr. Kaye suggested that people should get involved. We really don't have great answers yet so we really need everybody to actually get involved and try to solve some of these problems. The best evidence is exercise, good sleep, eat properly, and remain cognitively and socially engaged. There is actual real evidence that these are potentially powerful accumulating practices. You can actually take one of those groups of mice and randomly put a group in a cage that has an exercise wheel and a group in a cage where they don't have the opportunity to move around. Those in the exercise cage, unlike people, don't have to be encouraged to move, actually have physically less of the Alzheimer's proteins in their brain. You might say that's just mice, there's now good evidence that in people through some of these imaging studies actually have less brain atrophy, better connections and even with not that severe activity. Just ramping up physical activity more than certainly being sedentary has a remarkable effect on brain health, so that's just one aspect. So if you put all those things together, that would be very powerful. One of the things that we are trying to do with this care program is to make this something that is more regular and more accessible and have a little bit more opportunity to interact back and forth with the community to encourage that activity on a consistent basis.

Dr. Robertson thanked Dr. Kaye for his contributions over decades.

Mr. Yaden asked Dr. Kaye how Alzheimers fits into the larger universe of what we call dementia. Dr. Kaye replied that the definition of dementia that is typically used is the progressive loss of cognitive function, usually memory being the most prominent initially, that interferes with your daily function. That's a dementia and usually comes on later in life. If you are a specialist, there are 700 causes of that picture. The most common cause is actually Alzheimer's. It is believed to probably be about 60-70% of all dementias, so it is really the driving concern. One of the beliefs now is that all Alzheimer's disease is not the same. It is very much like saying prostate cancer is the same as breast cancer, so we have a lot to learn, but Alzheimer's is clearly the most important of all those dementias.

Mr. Yaden then introduced Abby Tibbs.

2017 Legislative Agenda

Abby Tibbs, J.D.

Ms. Tibbs gave an update on the state of both State and Federal government relations with OHSU. She spoke about how this is an uncertain time in Washington DC with the new administration; how Oregon has a powerful congressional delegation in Washington with our legislators; the Republicans plan to dismantle the Affordable Care Act; some focus areas for OHSU with the 2017 legislative session; and our budget shortfall this fiscal year.

Ms. Funkhouser asked if there has been any indication at the federal level of how they are viewing state hospital tax? The budget is primarily both federal and state funding, so if we pass the hospital tax here in Oregon, it really does require the federal government to play their part. There are discussions of state grant blocks at the Medicaid level and other things. I am concerned about how our state leader is going to get leadership from the federal level to make some of these big decisions for a two-year budget. Ms. Tibbs replied that we have recently heard rhetoric about whether the state should be considering a one-year budget. Or what does the state do with the uncertainty that the federal situation has created? We don't know where Congress and the administration is headed in terms of the unique funding mechanisms that OHSU cares deeply about and academic medical centers generally care deeply about. There has been a sense in previous administrations that folks don't love the provider tax, but I would say there is going to be a fair amount of advocacy about keeping things that work and that are leading to good outcomes in place because there are so many other things that are going to change, so we will be watching closely. But I imagine it will be a place where OHSU is also providing some leadership to the state about how to potentially think about the relationship of those funding mechanisms coming and whether we don't have the certainty and what would be the least disruptive to the state in terms of trying to move forward increasing the health of Oregonians. So lots of change and uncertainty.

Mr. Yaden asked if these new members, given all the attention to hospitals and to Medicare and Medicaid, and where the money may be, do they understand the difference between OHSU as a medical educational institution and as a hospital? Ms. Tibbs answered that we are a nonpartisan organization so we don't work traditionally in the election cycle. We certainly are a resource in terms of providing policy expertise and information to any member of the public who is running for public office. So there are some members who have become more educated through that process. We run a program that invites people running for elected office to the campus to allow them to learn more about our missions. Many members have taken advantage of that and then we certainly reach out and talk to the members about what differentiates OHSU and its relationship to the state and our mission-driven approach to many of the issues that they will be facing in elected office. I mean it certainly is a challenge because we are the state's only academic medical center, so in some ways it makes it very easy to differentiate us and in other ways it can make it challenging, but certainly the education piece is really important. I can tell you there will be approximately 3000 bills in the legislative session. We will track about 1500 of those and our faculty and staff will weigh in on somewhere probably between 60-80 bills, which is a pretty significant amount. I don't know how it compares to other organizations, but my perception from being from the outside coming in was that OHSU faculty and staff are engaged in so many complex issues that demonstrate to the legislature without saying anything, how diverse our organization is and how mission driven it is. I think it is a good reminder. Constant education is important.

Ms. Tykeson had a question about the complexity of the budget shortfall, saying we are all a bit shocked at how big it is and the \$900 million just for Medicaid. I guess the state should have potentially known how that would come to pass, but with all these bills flowing in, and only so much bandwidth what stands in Salem to look over all this stuff and then solve the major problem, which is we have to have a balanced budget. How do you think the lawmakers will be parsing up their time, in terms of looking at the priorities? The budget and the bills and all the other things that need to be done? Ms. Tibbs replied the Oregon legislature members tend to make some self-select and also by appointment. They select themselves into more budget-oriented members versus more policy-oriented members and certainly there are some that cross over, but from the get go you will see the way the means members and those that have a key committee assignment laser like focus on the budget and throwing words of

caution to folks on the policy world because of the implications, obviously, of the policy and the budget. They are so intertwined. I do think this will be a budget driven session. I think with the overlay of some of these highly partisan political issues, like immigration reform and guns and abortion rights, and some of the stuff that is going to be driven from the rhetoric at the federal level. The challenge and opportunity for Oregon legislature may be how do they stay focused on what matters most to Oregon and getting out of the building with a balanced budget that meets their objectives? But everyone is concerned about what the path is to resolve some of these issues.

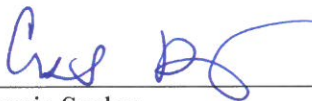
Ms. Tykeson asked about sanctuary cities, stating that our budget in Oregon, a huge percentage, comes from the federal government. I heard on the news that sanctuary cities potentially would be defunded by the federal government. Have there been any discussions in Salem about what the implications might be if Portland is to become a sanctuary city, since it is probably the recipient of a very significant part of those federal dollars? Ms. Tibbs replied that she can't comment beyond what she has heard. It is possible you will hear varying degrees of perspective about how much rhetoric coming out of the cities versus rhetoric coming out of D.C. But I think it is another layer of uncertainty, so the challenge for all of us and for OHSU, is how to put order into chaos. Where are the things that we can help the legislature focus in on and provide some policy expertise? We provide lots of policy expertise that maybe even OHSU wouldn't support, but we have a faculty who is really smart on something and for us to figure out the key areas in which we can help support the state in moving its work forward. That's what we do every day in Government Relations at OHSU. I think it is more acute at the moment. How can we be a resource to the State of Oregon to help support them in our shared mission of bettering the health and wellbeing of Oregonians?

Mr. Yaden thanked Ms. Tibbs, saying the board is grateful for the work she and everybody in Government Relations, Communications, and Public Affairs do, and how important that work is to the institution.

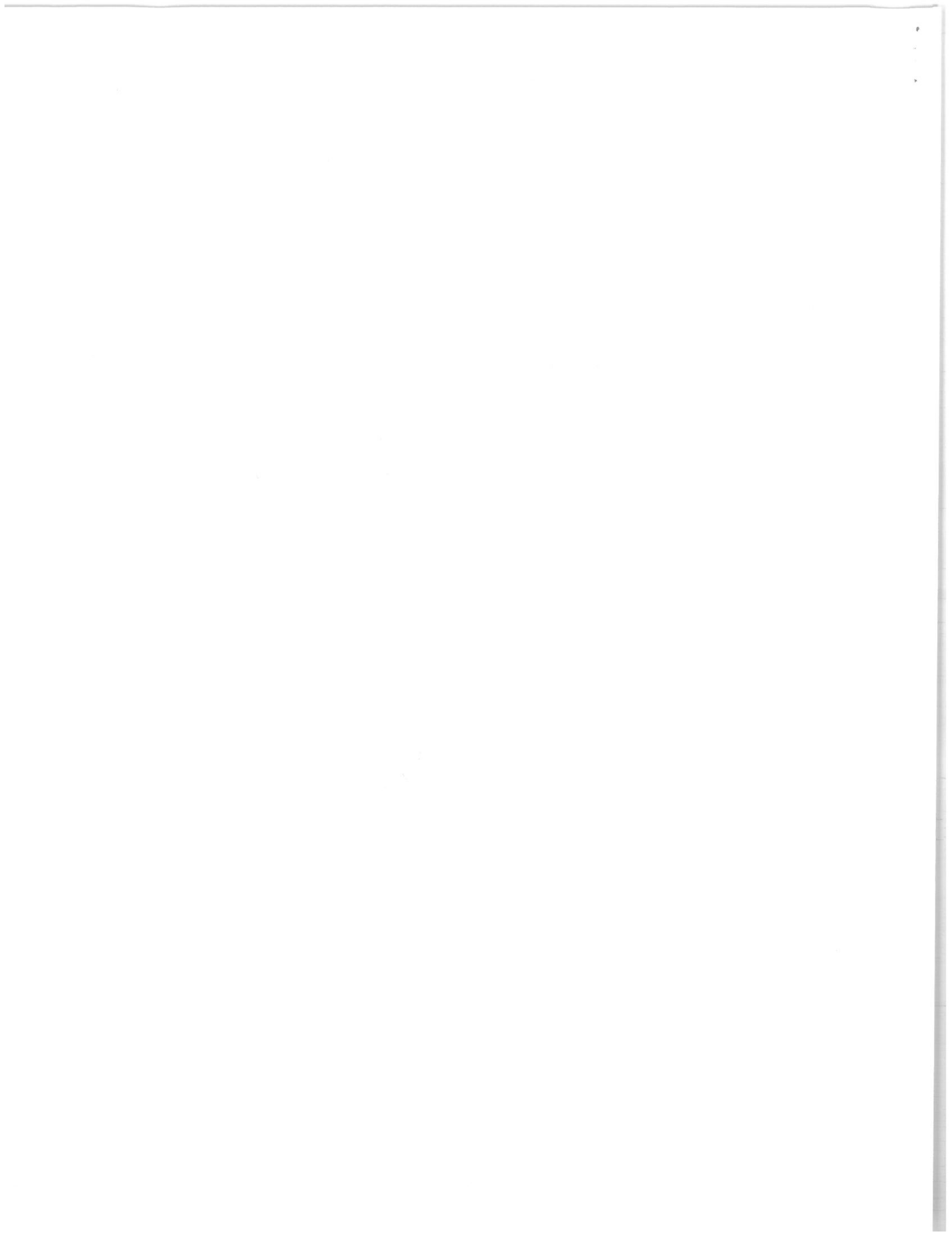
Adjournment

Hearing no further business, Mr. Yaden adjourned the meeting at 2:48 p.m.

Respectfully submitted,



Connie Seeley
Assistant Secretary of the Board





Federal and State Government Relations Update

DATE: April 2017

PRESENTED BY: Abby Tibbs, Associate Vice President Government Relations



Significant Areas of Interest and Engagement for OHSU in D.C.

- Health care reform
- Funding of Medicaid, Medicare & SCHIP (Children's Health Program)
- Investments in biomedical research, science (NIH funding)
- Education and training of health care workforce
- Immigration reform

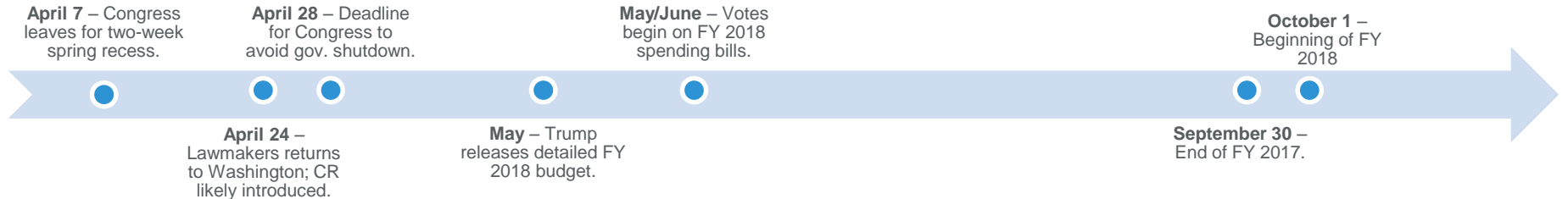


President Trump's Budget

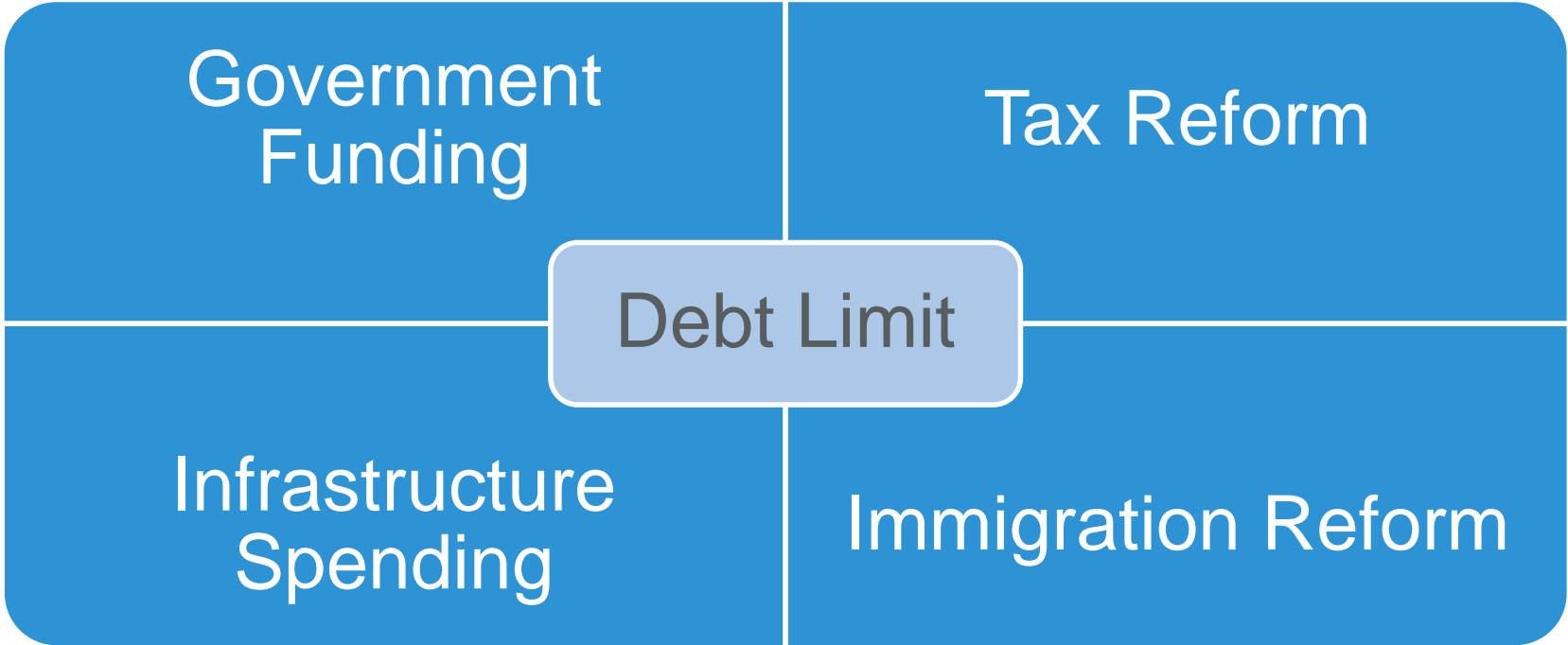
- President Trump's budget cuts \$54 billion in domestic discretionary spending to finance an increase in defense spending.
 - Key top-line proposed cuts include:
 - \$5.8 billion cut to NIH;
 - \$4.2 billion in discretionary programs for low-income individuals; and
 - More than \$400 million in workforce training programs.
 - Congress will likely ignore most of Trump's proposals, as spending bills require 60 votes in the Senate (at least 8 Democrats).

Government Funding Deadlines

- The current Continuing Resolution (CR) funding the federal government expires on April 28, at which point another appropriations bill providing full funding through September 30 must pass to prevent a government shutdown.
- Then Congress will turn to funding the government for FY 2018, which begins on October 1.
 - Each of the twelve House and Senate Appropriations Subcommittees will soon begin marking up their respective FY 2018 appropriations bills, with each chamber voting on these bills beginning in May/June.
- Potential sticking points on government funding: (1) Planned Parenthood, (2) ACA cost-sharing subsidies, (3) border wall funding, and (4) defense spending, among many others.



Will competing priorities displace action on health care?



Anticipated Major Healthcare Legislation (in the next 6 months)



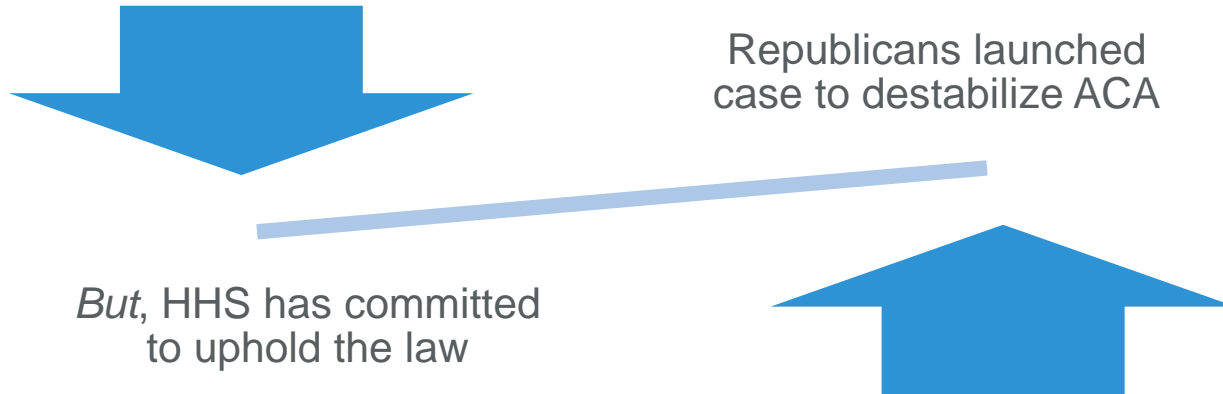
FDA User Fee
Reauthorizations

Children's Health
Insurance
Program

Medicare
Extenders

No Clear Plan on Repeal/Replace of ACA

- House is challenged to find votes to pass a bill
- Senate is likely going to wait for House to take action
- Administration doesn't seem to have a clear plan on how to use their regulatory authority
 - Administration faces pivotal decision in *House v. Price ACA Cost-Sharing Case*



State Legislative Session

Areas of Focus:

- Direct state appropriation for education, SHOI, CDRC, OPC, ORH/AHEC, Knight and Oregon Opportunity bonds
- Medicaid budget – many moving parts
- Dental Supervision clean-up
 - Passed the Senate
- Tobacco 21
 - Passed the Senate
- Car seat safety
 - Passed out of House Committee



Thank You



FY17 February YTD Financial Results

OHSU Board of Directors
April 6, 2017

FY17 February YTD Financial Results

- Through the first eight months of FY17, core OHSU operating income is \$63 million, slightly below budget and -11% below last year, not including one-time revenues from the State grant to the Knight Cancer Challenge used for construction.
- Continuing shortfalls at OHSU Hospital and Tuality Healthcare are offset by better performance at Salem Health and in the University's central administrative & support services and restricted research funds:

FY17 Feb YTD Variance from Budget	(millions)
OHSU Healthcare, net	\$(16.3)
University unrestricted operations	6.4
Restricted funds (mostly grants)	7.8
Oregon Heart investment (gift funds)	1.5
Core earnings above budget	<u>\$(0.6)</u>

- Patient activity at OHSU Hospital is 1% above target and 5% above last year, but average payment rates are flat. Small percentage differences in these factors magnify when applied to the large base of patient revenues (\$2 billion annually).

February YTD Operating Income at \$63M

FY17 February YTD (millions)	FY16 Last Year	FY17 Budget	FY17 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,286	\$1,365	\$1,355	\$(10)	5%
Grants & contracts	241	264	268	5	11%
Gifts applied to operations	59	66	64	(2)	8%
Tuition & fees	46	48	47	(1)	2%
State appropriations	24	24	24	(0)	0%
Other revenue	73	78	80	2	9%
Operating revenues	1,729	1,843	1,837	(6)	6%
Salaries & benefits	1,003	1,083	1,080	(3)	8%
Services & supplies	481	522	520	(3)	8%
Provider tax expense	59	58	57	(0)	-4%
Depreciation	90	93	96	3	6%
Interest	24	23	22	(2)	-10%
Operating expenses	1,658	1,780	1,774	(6)	7%
Core operating income	\$71	\$64	\$63	\$(1)	-11%
State Cancer Challenge grant	0		29		
Total operating income	\$71		\$92		

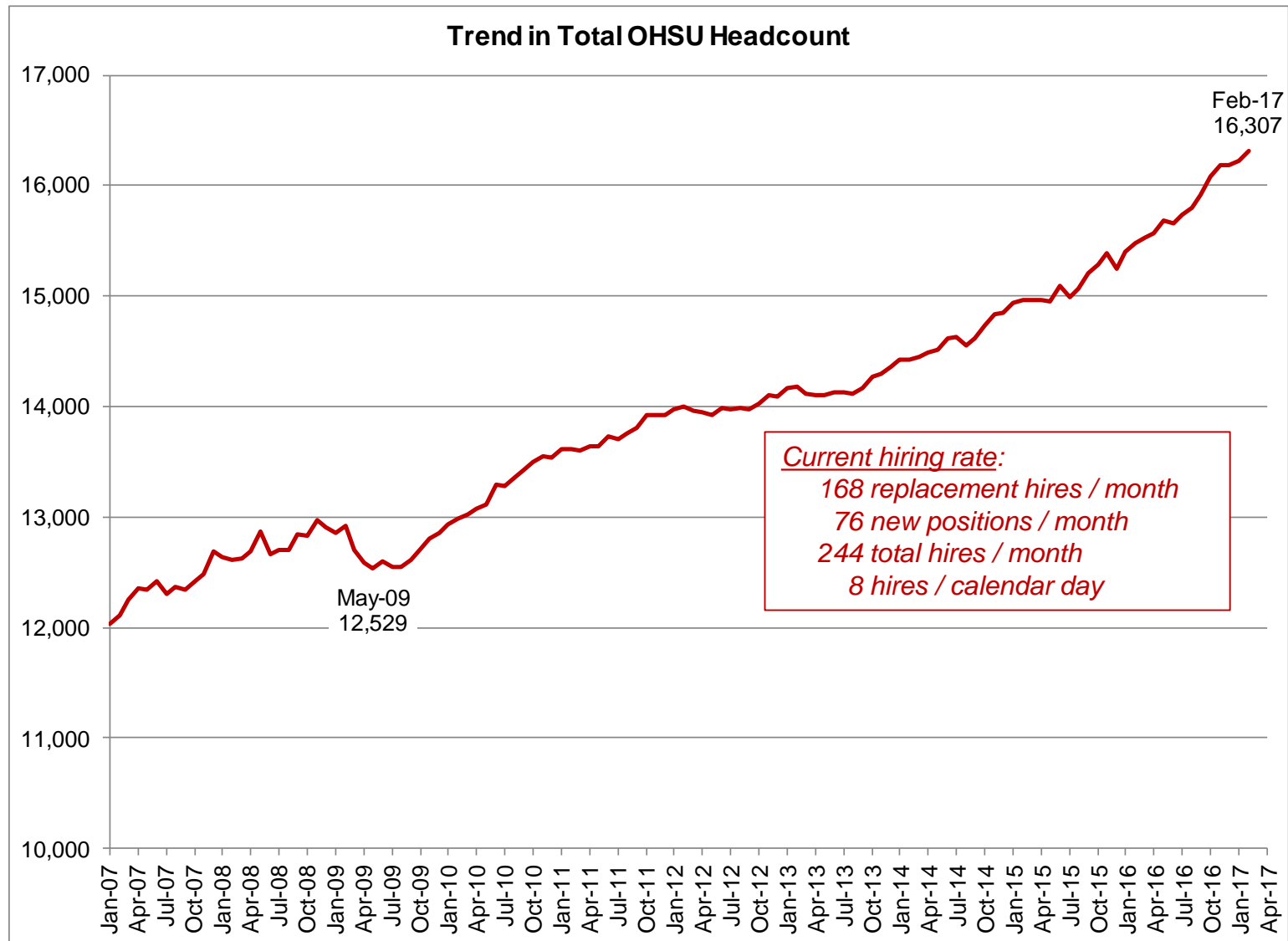
OHSU Patient Activity Up but Average Rate Flat

OHSU Hospital Activity Feb YTD (8 months)	FY16 Actual	FY17 Budget	FY17 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	19,460	19,427	19,733	2%	1%
Average length of stay	5.91	5.75	5.99	4%	1%
Average daily census	461	452	474	5%	3%
Day/observation patients	24,837	25,434	24,232	-5%	-2%
Emergency visits	32,284	32,006	31,118	-3%	-4%
Ambulatory visits	554,687	594,758	573,531	-4%	3%
Surgical cases	21,584	22,432	21,911	-2%	2%
Casemix index	2.03	2.06	2.05	0%	1%
Outpatient share of activity	47.5%	48.8%	48.8%	0%	3%
CMI/OP adjusted admissions	75,272	78,229	78,964	1%	5%
<i>Net patient revenue (millions)</i>	<i>\$1,286</i>	<i>\$1,365</i>	<i>\$1,355</i>	<i>-1%</i>	<i>5%</i>
<i>Revenue per adj. admission</i>	<i>\$17,081</i>	<i>\$17,445</i>	<i>\$17,157</i>	<i>-2%</i>	<i>0%</i>

FY17 February Results – Cost Containment

- Corrective actions underway in OHSU Healthcare are focused on:
 - Non-essential open positions and contract labor
 - Suspending discretionary spending
 - Volume shortfalls in specific programs (despite overall activity above budget)
 - Length of stay management
 - Revenue cycle & insurance denial management
 - Supply chain & pharmacy costs
 - Overhead infrastructure.
- To end FY17 on target, continued productivity and prudent belt tightening across the University are needed.
- Accordingly, we have placed a freeze on hiring and discretionary spending, with exceptions for critical areas only upon approval of an executive vice president.
- Administrative and support areas have been given revised budgets that require holding mid-year gains through June, while the hospital is working to cut its budget variance in half.

Managing the Flow of OHSU's Workforce



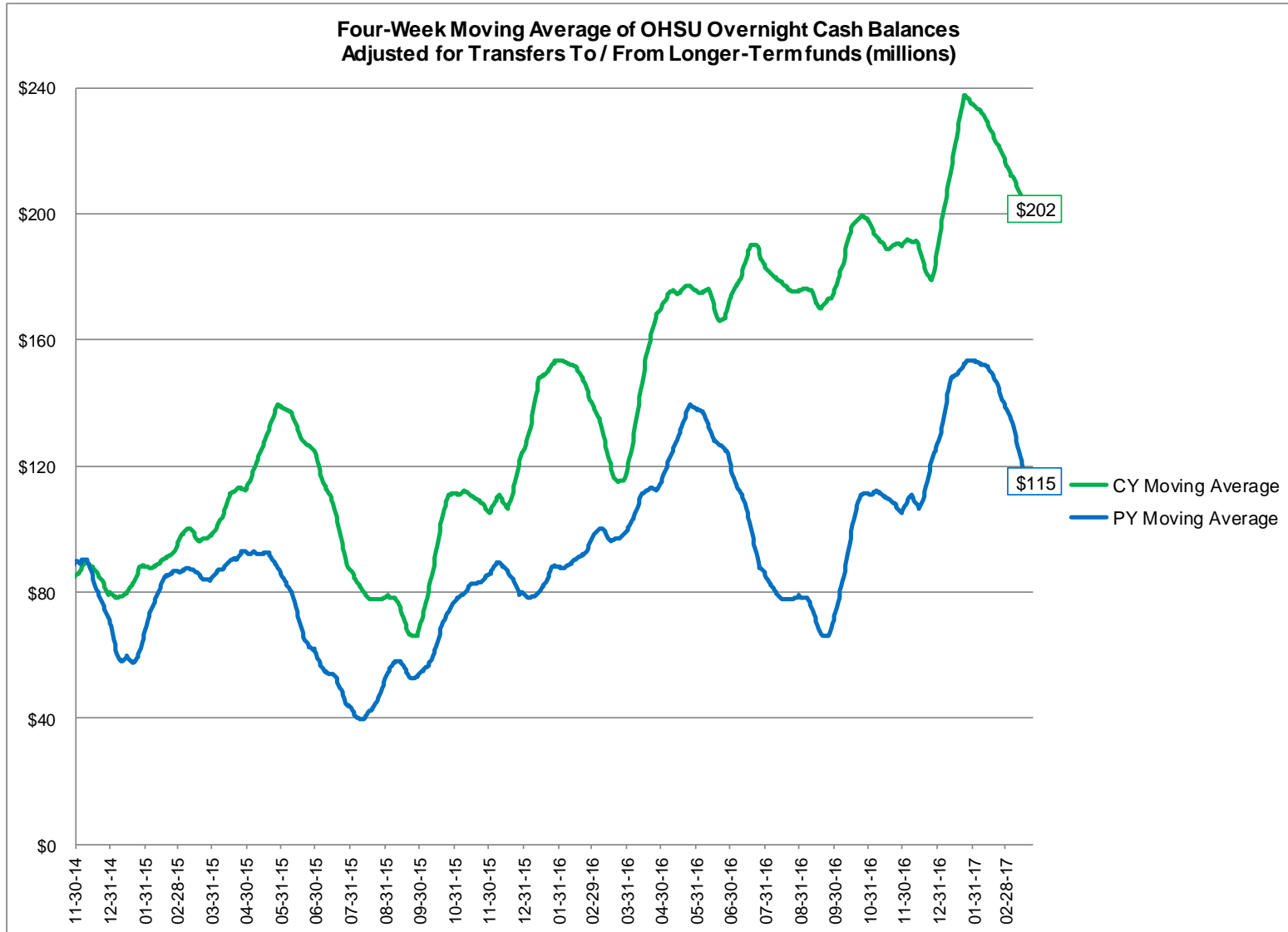
Balance Sheet Reflects New CHH-2 Debt + Timing

Balance Sheet (millions)	6/30/16	2/28/17	Change
Operating cash & investments	\$794	\$743	\$(51)
Quasi-endowment funds	79	83	4
Moda surplus note, net	34	34	0
OHSU cash & investments	906	859	(47)
Trustee-held bond funds	21	18	(3)
KCC capital project fund	85	64	(21)
CHH-2/other capital funds	80	169	89
Total cash & investments	1,091	1,110	19
Net physical plant	1,606	1,662	56
Interest in Foundations	1,346	1,399	53
Long-term debt	(907)	(1,004)	(97)
GASB 68 pension items, net	(244)	(244)	0
Working capital & other, net	26	157	131
OHSU net worth	2,918	3,080	161
Oper. income (pre-GASB 68)			92
OHSU investment return			16
Gain (loss) from Foundations			53
Other non-operating items			(0)
Total change in net worth			\$161

Cash Flow (millions)	Feb YTD
Oper. income pre-GASB 68	\$92
Depreciation	96
OHSU investment return	16
CHH-2 project funds applied	31
Sources of OHSU cash	236
Regular principal repaid	(23)
Capital spending	(152)
Change in A/R	(38)
Change in A/P	(25)
Change in accrued payroll	(42)
Other working capital, net	(3)
Uses of OHSU cash	(282)
Sources less uses of cash	(47)
6/30/16 balance	906
2/28/17 balance	\$859

Timing of biweekly payroll, tuition & other revenues receivable, and capital & other accounts payable results in a temporary dip in cash that should reverse by June. On a year-over-year basis, operating cash balances are running ~\$85 million above last year (see next page).

Daily Cash Balances Continue to Build Year to Year



February Debt Financing for South Waterfront

- In February OHSU completed the remaining \$120 million financing for the CHH-2 project, including
 - \$70 million of public traded fixed rate bonds at an all-in interest cost of 4.12%
 - \$50 million in 7 year, fixed rate direct placement debt at 1.93%.
- These funds also formed the G-bond match for the second half of the State's \$200 million grant to the Knight Cancer Challenge, completed in March.
- Eight percent of OHSU's \$70 million bond issue was sold retail, with 92% to institutional buyers.
- There was strong interest with over \$150 million in orders that allowed tightening the rates somewhat.
- Consistent investor outreach over the past several years has paid off through greater awareness and demand for OHSU bonds.

February Debt Financing (continued)

- Compared to the February 2016 issuance (funding the first half of the project), AAA tax-exempt interest rates had risen 0.31% (reflecting the Presidential election) and credit spreads to AA healthcare had widened by another 0.11% (reflecting "Repeal & Replace" and other uncertainty in the industry).
- Thus we could have expected to issue the 2017 bonds at 0.42% (42 basis points) higher rates.
- In the end, we priced the longest bond (2046 maturity) slightly better than this, up 0.39% from last year.
- The shorter maturities improved more: for example, OHSU's credit spread on the 2034 bonds actually tightened 7 basis points, for an 18 basis point positive swing vs. the market.
- As part of this transaction, Moody's, S&P and Fitch each affirmed their Aa3/AA-/AA- ratings for OHSU with Stable outlooks, and issued improved reports.



OHSU Board of Directors

The state of performance improvement in 2017 – Quality, Safety, and our Journey Toward Performance Excellence

April 2017

Charles M. Kilo MD, MPH

VP/Chief Medical Officer, Oregon Health & Science University



Thank you University Health System (UHS) Board Members

External Board Members

Ken Allen

Prashant sDubey

Keith Thompson

Meet quarterly to oversee and guide quality, safety, patient experience and related efforts of the Professional Board.

2016 AMC Quality and Accountability Performance Scorecard Oregon Health & Science University

Star Rating



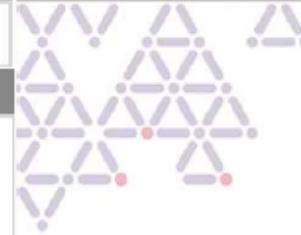
Overall Rank

17

Overall Score

64.73%

Top Performers



This chart will be updated on **September 30, 2016**
after the top performers have been recognized at the

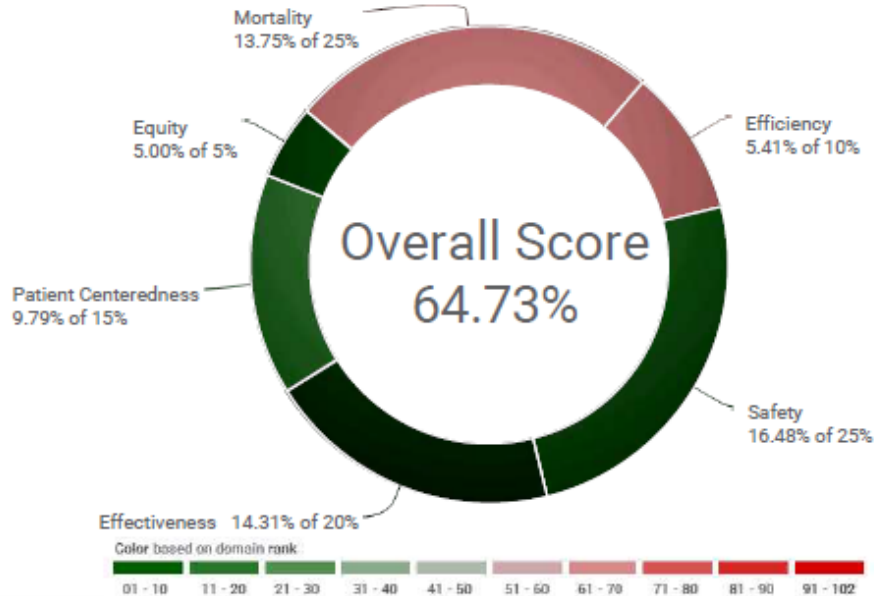
2016 Vizient Clinical Connections Summit

THE FUTURE AWAKENS

September 28 - 30, 2016 | Dallas



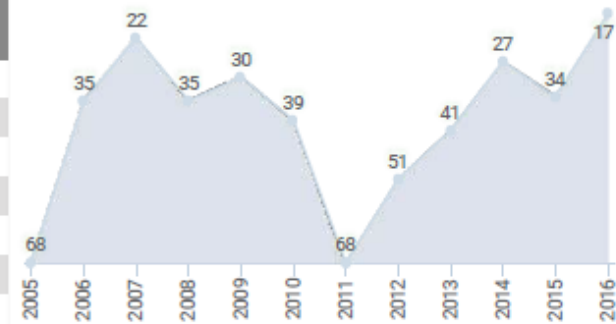
Domain Performance



Domain Performance Table

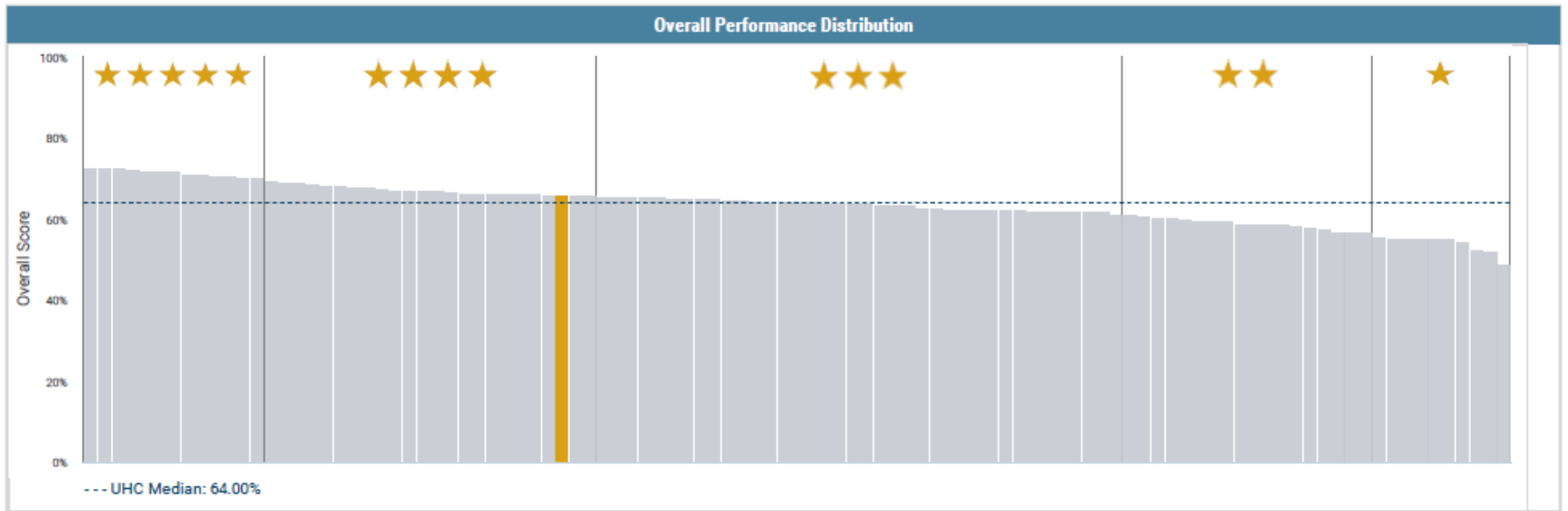
Domain	Rank	Weight	Score	Weighted Score	Vizient Median	Vizient Top Performer
Overall	17	100%	64.73%	64.73%	61.47%	71.00%
Mortality	61	25%	55.00%	13.75%	57.25%	82.25%
Efficiency	68	10%	54.06%	5.41%	56.88%	76.75%
Safety	11	25%	65.91%	16.48%	60.23%	73.86%
Effectiveness	6	20%	71.53%	14.31%	62.97%	77.21%
Patient Centeredness	21	15%	65.28%	9.79%	56.94%	75.00%
Equity	1	5%	100.00%	5.00%	100.00%	100.00%

Historical Overall Rank

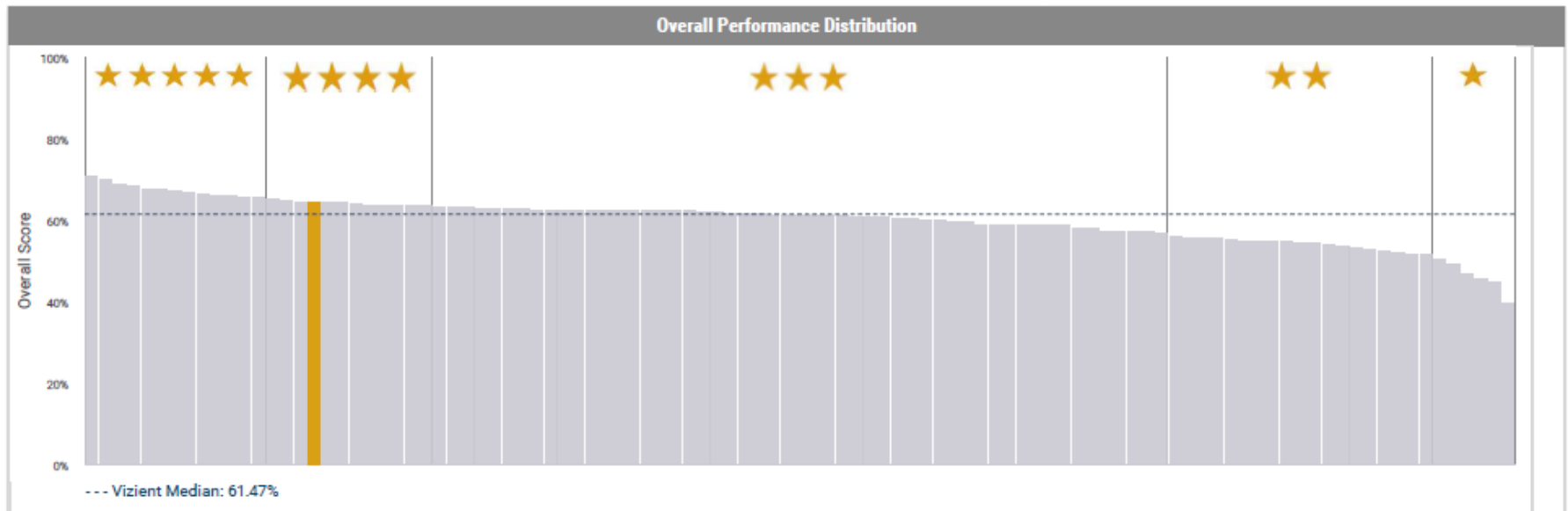


Domain	Content/Areas of Focus
Mortality 25%	<ul style="list-style-type: none"> O/E Ratios from Clinical Outcomes Report (COR)
Effectiveness 20%	<ul style="list-style-type: none"> 30-Day Readmission Rate (all cause) for select services Excess Days for select service lines Process of Care/Core Measures
Safety 25%	<ul style="list-style-type: none"> 5 AHRQ Safety Measures <ul style="list-style-type: none"> (Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, Iatrogenic Pneumothorax, Sepsis) CLABSI CAUTI C. difficile SSI (Colon Surgery and Abdominal Hysterectomy) VTE-6 THK Complications
Equity 5%	<ul style="list-style-type: none"> Process of Care/Core Measures by gender, race, and payer (socioeconomic class)
Patient Centeredness 15%	<ul style="list-style-type: none"> 9 HCAHPS Questions
Efficiency 10%	<ul style="list-style-type: none"> LOS O/E and Direct Cost O/E for select service lines

2015

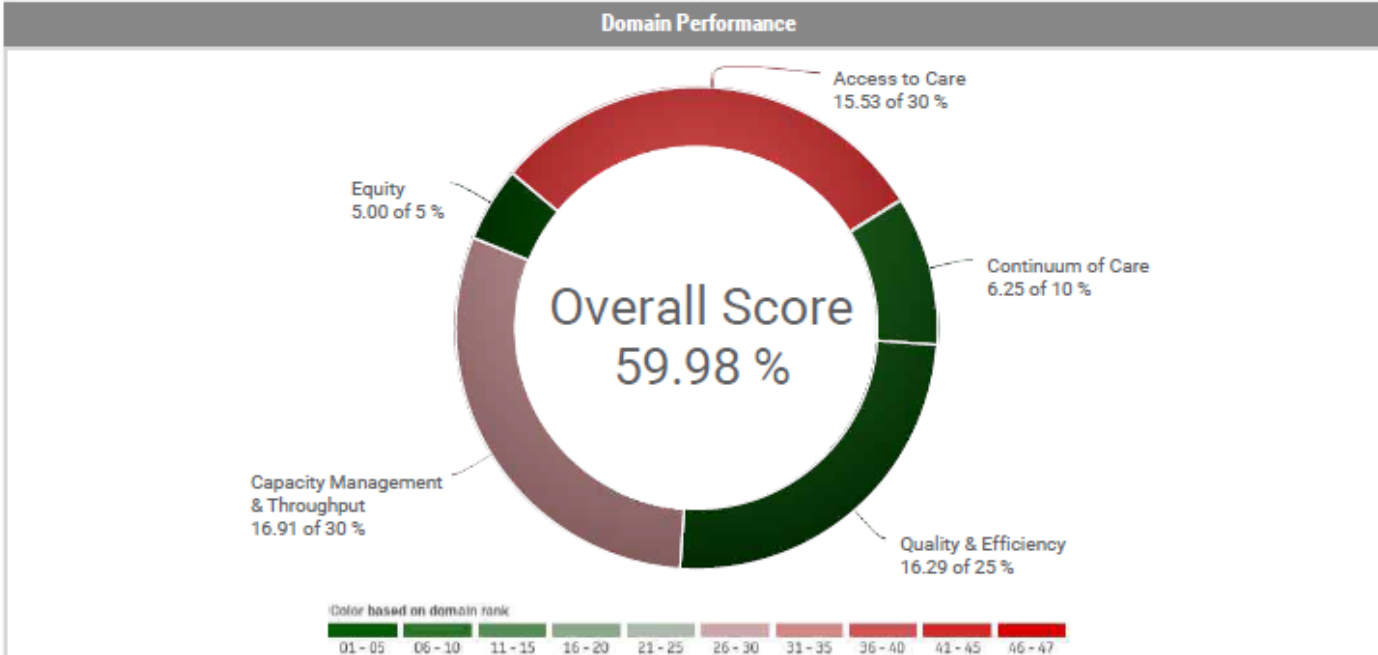


2016



2016 Ambulatory Quality and Accountability Performance Scorecard Oregon Health Sciences University Medical Group

Star Rating	Overall Rank	Overall Score	Top Performers
★★★★	7	59.98 %	

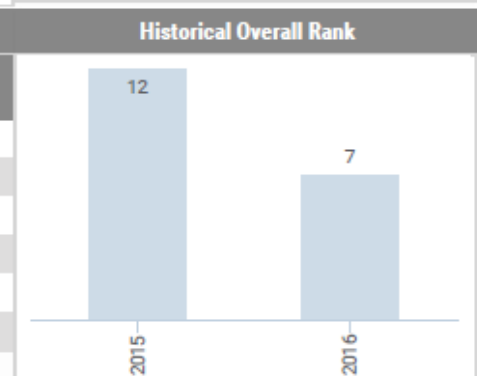


This chart will be updated on **September 30, 2016** after the top performers have been recognized at the

2016 Vizient Clinical Connections Summit
THE FUTURE AWAKENS
September 28 - 30, 2016 | Dallas

Domain Performance Table

Domain	Rank	Weight	Score	Weighted Score	Vizient Median	Vizient Top Performer
Overall	7	100 %	59.98 %	59.98 %	57.32 %	65.54 %
Access to Care	37	30 %	51.76 %	15.53 %	56.91 %	66.32 %
Continuum of Care	9	10 %	62.50 %	6.25 %	59.38 %	75.00 %
Quality & Efficiency	7	25 %	65.17 %	16.29 %	56.81 %	76.33 %
Capacity Management & Throughput	26	30 %	56.37 %	16.91 %	56.50 %	63.48 %
Equity	1	5 %	100.00 %	5.00 %	64.00 %	100.00 %



Overall Performance Distribution





Key Topics – Drives of Performance Ranking

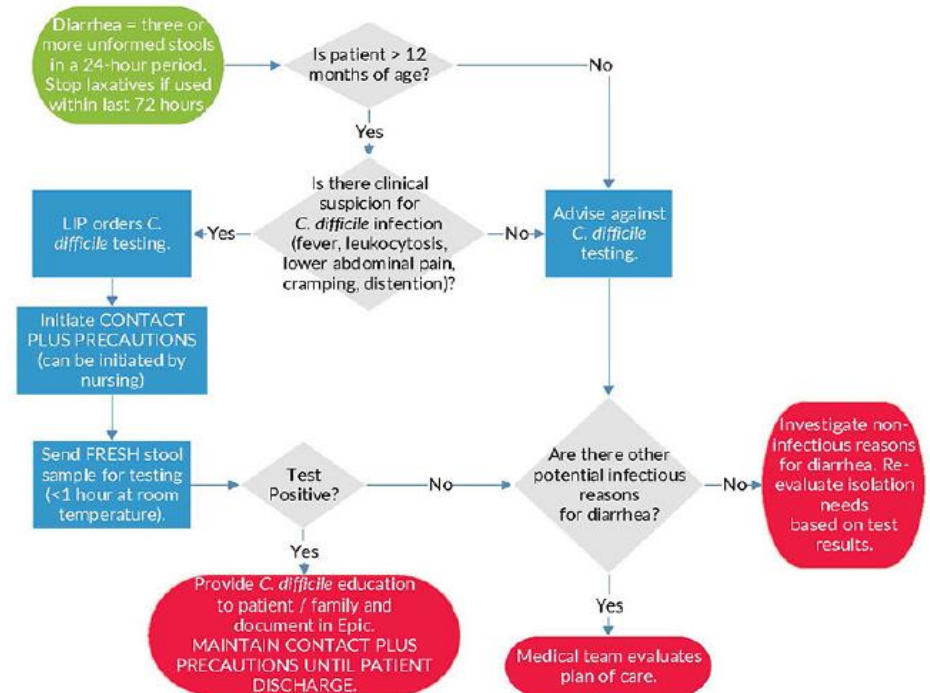
1. Hospital Acquired Infections – Clostridium difficile Infection (CDI)
2. Mortality
3. Ambulatory Access
4. Alignment of Clinical Enterprise

C. diff Prevention

5 improvement areas

1. Standard Precautions
2. Antimicrobial Stewardship
3. “Diarrhea Decision Tree”
4. Environmental/Equipment Hygiene
5. Surveillance

OHSU HEALTHCARE C. difficile testing algorithm



Consider high risk factors for C. difficile infection (CDI)

- Immunocompromised
- Age > 65 years
- Recent antibiotic use
- Recent hospitalization

Additional considerations

- Retesting may occur after 7 days from NEGATIVE C. difficile test if there is strong suspicion for C. difficile (re-enter algorithm at the top).
- For patients with prolonged hospitalizations believed to be cleared clinically of C. difficile, contact Infection Prevention and Control at x4-6694 for guidance regarding isolation needs.

This decision tree is based on current evidence. It is the responsibility of the treating provider to evaluate the appropriateness of a particular option in the context of the clinical situation.



Core Components Dashboard: *C. difficile* Infection

Workflow	Standard Work & Training Materials Created	Training Team Identified	Approval of Implementation Plan	End user Training	SW Confirmation	Monitoring/ Verification
CDI Testing Algorithm: General	✓	✓	✓	△		
CDI Testing Algorithm: Oncology	△	✓	✓			
Epic Antibiotic Timeout	✓	✓		✓		
Antibiotic usage data and sharing	△					

(Blank) Not yet Started	✓ Complete	△ In Process	✗ Barriers
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Clinician Action: Biweekly “Need-to-Know” Communication



CLINICIAN
ACTION

FEB. 26, 2017

This edition of *Clinician Action* discusses [testing stewardship for *C. difficile* and Urine Culture](#). Please take a moment to read and absorb this important information and discuss amongst your teams as appropriate.

Please feel free to contact me directly with your feedback.

Charles M. Kilo, M.D., M.P.H.

Vice President and Chief Medical Officer, OHSU Healthcare

REQUIRED READING

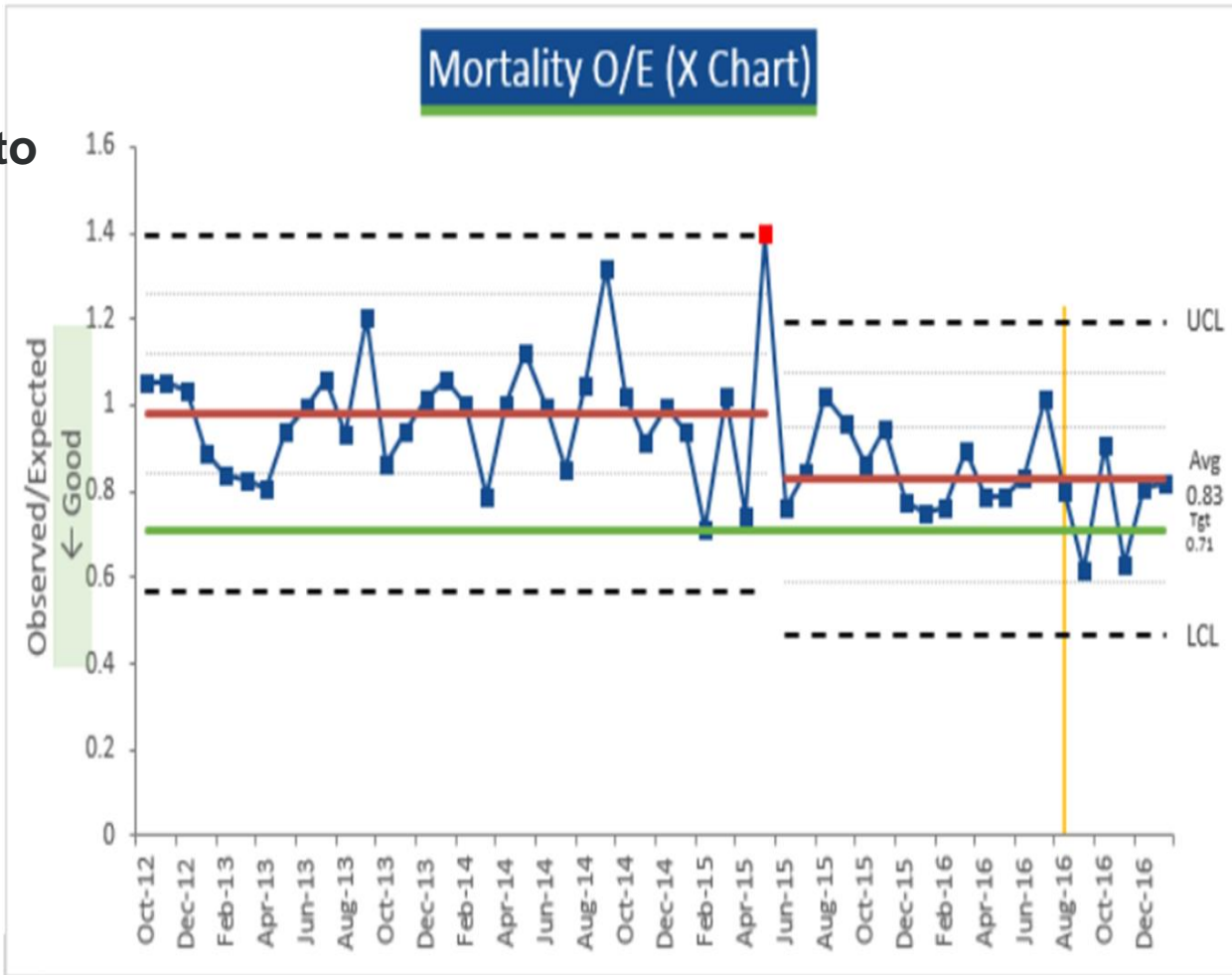
Mortality: Problem Statement & Improvement Plans

Goal: Attain Top 10 Mortality Ranking with average of ≤ 0.71

From '13 to '15 OHSU's Mortality Index Vizient/UHC ranking declined from 16th to 61th. While our index improved in mid-'15, other University hospitals improved and our '16 rank fell to 61st.

Improvement Focus:

- Transfers
- Care for terminally ill
- Clinical Documentation Improvement
- M&M review and Clinical Care



Ambulatory Access Hours of Operation Policy: High Level Department Dashboard

HOURS OF OPERATION	Monday				Tuesday				Wednesday				Thursday				Friday			
Data Period: Feb 6 - 28, 2017	6-Feb	13-Feb	20-Feb	27-Feb	7-Feb	14-Feb	21-Feb	28-Feb	8-Feb	15-Feb	22-Feb	1-Mar	9-Feb	16-Feb	23-Feb	2-Mar	10-Feb	17-Feb	24-Feb	3-Mar
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Ambulatory Overall	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ANESTHESIOLOGY																				
Comprehensive Pain Center	✓	✗	✓	✗	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CASEY EYE INSTITUTE																				
CEI Roll Up	✓	✓	✓	✓	✗	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CENTER FOR WOMEN'S HEALTH																				
Center for Women's Health Roll Up	✓	✓	✓	✓	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DENTISTRY																				
Oral & Maxillofacial Surgery	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DERMATOLOGY																				
Derm Roll Up	✓	✓	✓	✓	●	●	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
KNIGHT CANCER INSTITUTE																				
Knight Cancer Roll Up	✓	✓	✓	✓	●	●	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
KNIGHT CARDIOVASCULAR INSTITUTE																				
Knight Cardiovascular Roll Up	✓	✓	✓	✓	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MEDICINE SPECIALTY CLINICS																				
Medicine Specialty Roll Up	✓	✓	✓	✓	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NEUROLOGY																				
Neurology Roll Up	✓	✓	✓	✓	●	●	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
NEUROSURGERY																				
Neurosurgery	✓	✓	✓	✓	●	●	✓	✓	✗	✗	✗	✗	✓	✗	✓	✓	✓	✗	✓	✓
ORTHOPAEDICS																				
Orthopaedics Roll Up	✓	✗	✓	✗	●	●	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓

Hours of Operation Policy: Department Drilldown



HOURS OF OPERATION	Monday				Tuesday				Wednesday				Thursday				Friday													
Data Period: Feb 6 - 28, 2017	6-Feb	13-Feb	20-Feb	27-Feb	7-Feb	14-Feb	21-Feb	28-Feb	8-Feb	15-Feb	22-Feb	1-Mar	9-Feb	16-Feb	23-Feb	2-Mar	10-Feb	17-Feb	24-Feb	3-Mar										
NEUROLOGY																														
Neurology Roll Up	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗
Neurology - CHH	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	
Neurology - Marquam Hill	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	

HOURS OF OPERATION	TUESDAY													
Data Period: 2/6-2/10/2017	Before 7AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	After 7PM
NEUROLOGY														
Neurology Roll Up	0	1	4	15	12	4	6	4	4	8	0	0	0	0
Neurology - CHH	0	1	4	15	10	4	6	3	4	8	0	0	0	0
Neurology - Marquam Hill	0	0	0	0	2	0	0	1	0	0	0	0	0	0



Scheduling opportunity from 4-5pm



Key Topics – Drives of Performance Ranking

1. Hospital Acquired Infections –
Clostridium difficile Infection (CDI)
2. Mortality
3. Ambulatory Access
4. Alignment of Clinical Enterprise
 - Partners
 - SOM-Healthcare
 - PI Methods → Pragmatic

Thank You





Interprofessional Care Access Network (I-CAN)

Scaling Statewide

OHSU Board of Directors Meeting

PEGGY WROS, PhD, RN: Project Director

APRIL 6, 2017



The background image shows a modern, multi-story building with a glass facade on the right side. On the left side, there is a construction site with a large crane and some structural elements. The sky is overcast. The text is overlaid on semi-transparent grey bars with blue borders.

The I-CAN Model

Client & Population Impact

Achievements & Challenges

Questions & Discussion

**I-CAN is a model for
healthcare delivery and
interprofessional
practice and education.**

Core Elements of I-CAN

Disadvantaged and underserved people and populations

Faculty practice model

Long-term commitment to community partners

Neighborhood/community academic-partnerships

Interprofessional student teams

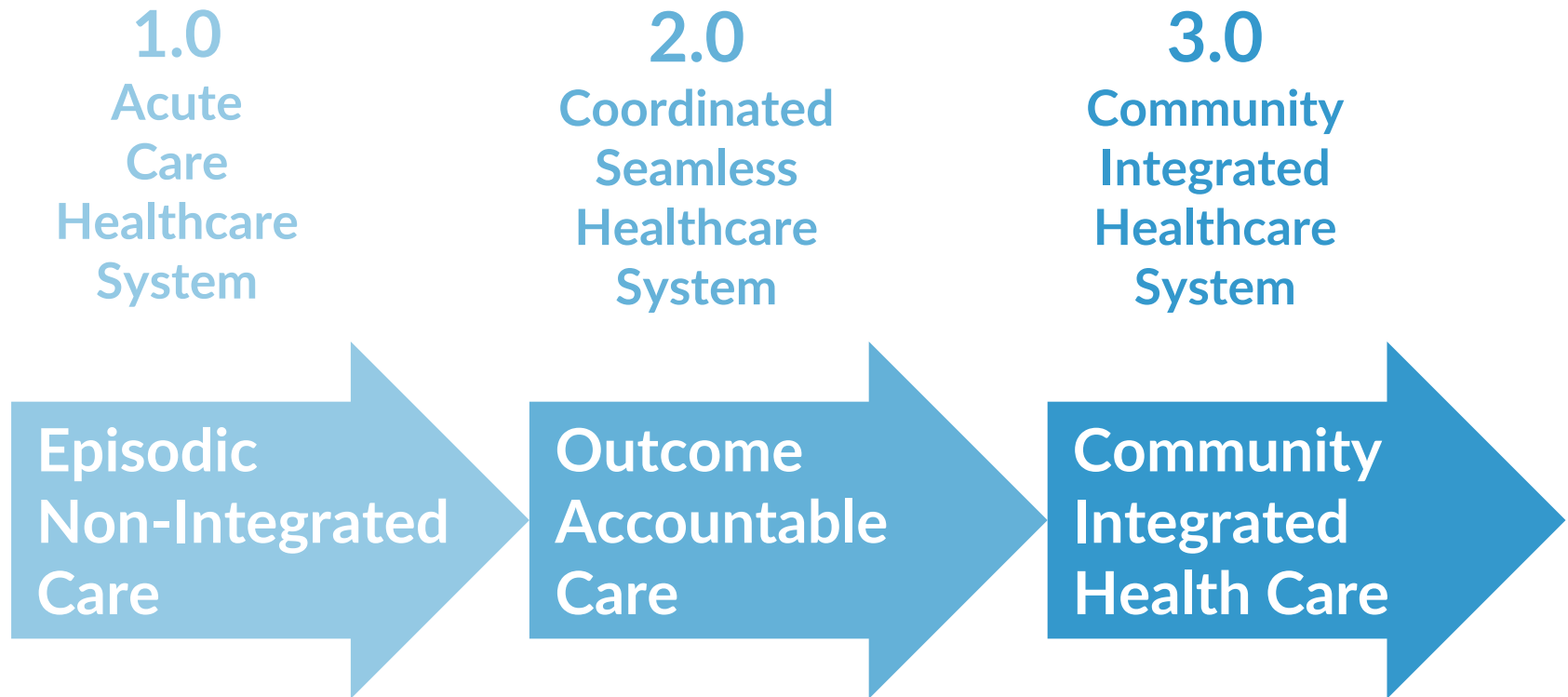
Focus on social determinants of health

Home visitation

Population health interventions

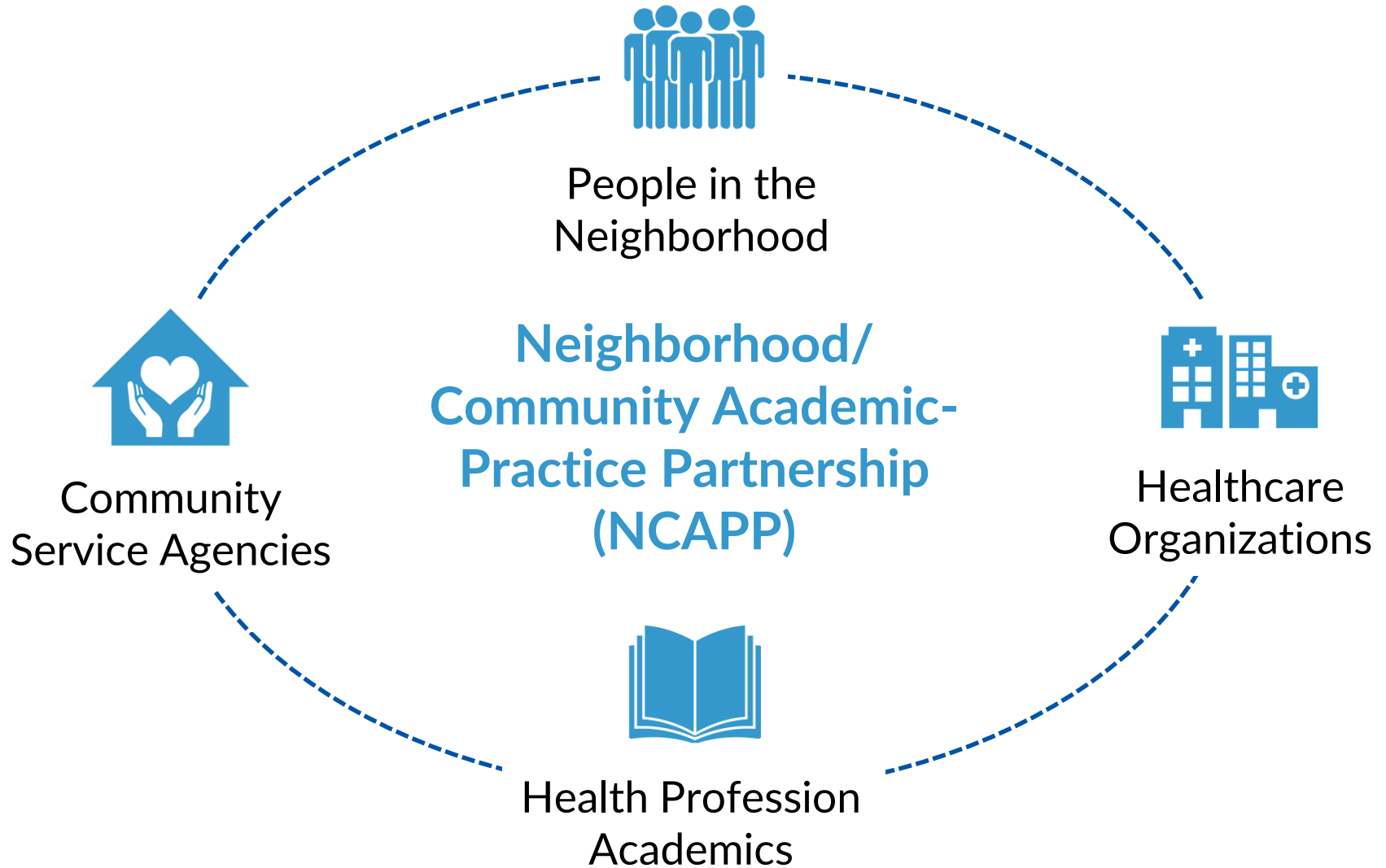
Continuous quality improvement

Healthcare System Transformation



Source: Halfon, N., Long, P., Chang, D.I., Hester, J., Inkelas, M., & Rodgers, A. (2014). Applying a 3.0 transformation framework to large scale health system reform. *Health Affairs*, 313(11), 2003-2011.

Community Partnership Networks



Five Communities, Five Populations



Old Town Portland (Urban)

Homelessness, mental health, disability, low-income, veterans, seniors.



Southeast Portland (Urban)

Immigrants and refugees from Sub-Saharan Africa, the Middle East, Southeast Asia, and Syria.



West Medford (Urban)

Low-income families, homelessness, seasonal and migrant farm workers.



Klamath Falls (Rural)

Socially isolated, low-income, disability, comorbidity, mental health.



Monmouth/Polk County (Rural)

Low-income, disability, homelessness, mental health, food insecure.

Health Professions Academic Partners



Nursing

Chronic Illness, Population Health, & Leadership



Medicine & Physician Assistant

Family Medicine & Rural Health



Nutrition & Dietetics

Community-Based Practice & Internship



Pharmacy

Transitional Clerkship



Dentistry

Community Dentistry

Over
750
students

Partners Identify Vulnerable Clients

Healthcare Utilization

- 2+ non-acute EMS calls in 6 months
- 3+ missed healthcare appointments in 6 months
- 10+ medications

Social Determinants

- Lack of primary care home
- Lack of healthcare insurance
- Lack of stable housing

Family Contributors

- 5+ unexcused school absences
- 2+ family members with a disabling chronic illness
- Developmentally delayed parent(s)
- Signs of child negligence



Client Intake Assessment

Churn Rate: System Cycling in the Past 6 Months

- Provider calls and provider visits
- EMS calls
- ED visits
- Hospitalizations
- Healthcare appointment adherence

Stabilizing Factors in the Past 6 Months

- Employment/income
- Level of social support
- Food security/nutrition
- Insurance changes
- Housing changes

Demographics, Health Screening, Medication Review

Faculty in Residence



Long-term commitment to community-based practice

Supervises student learning and safety

Consistent point of contact for clients

Link between university and community

Interprofessional Student Teams



Students work collaboratively with clients and community partners

- Build relationships based on trust.
- Identify and prioritize health goals.
- Develop client-centered care plan.
- Connect clients with local resources.
- Meet weekly in the home, clinic, park, etc.

Students perform intake and follow up assessments

- Care coordination
- Health literacy/Health navigation

Students review client issues to identify population-level issues

- Prioritize in collaboration with partners
- Research and develop interventions

The background image shows a modern, multi-story building with a glass facade on the right side. On the left, there are construction cranes and a partially completed structure. The sky is overcast. The text is overlaid on semi-transparent horizontal bars.

The I-CAN Model

Client & Population Impact

Achievements & Challenges

Questions & Discussion

Lucy

A 34 year old single mother

She has five children and was referred to I-CAN because she has missed multiple healthcare appointments. She has recently come to Oregon from the Congo, speaks only Swahili, and has no formal education.

- **recently diagnosed hepatitis B**
- **underlying sickle cell anemia**

Family members assigned to 2 CCO's and 6 different providers

Health insurance has lapsed



Client Care Coordination

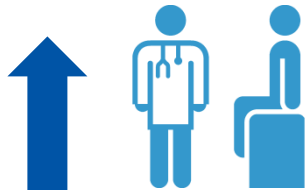
Examples of activities:

- Consolidated assigned payers and primary care providers
- Read mail through an interpreter
 - Health insurance renewals
 - Unpaid utility bills
- Reinstated lapsed healthcare insurance
- Made medical appointments for family members
- Immunized children as required by schools
- Provided follow-up teaching after an ED visit
- Provided medication safety teaching
- Turned off smoke alarm
- Referred one child for urgent dental care
- Completed housing applications
- Worked with criminal justice system to get children's names cleared (cause of housing denial)

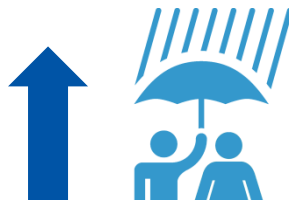
Aggregate Health Measures

Short-Term Outcome Measures

Increased number of clients with:



Primary care home



Health insurance



Stable housing

Long-Term Outcome Measures

Reduced number of occurrences of:



ED visits



EMS callouts

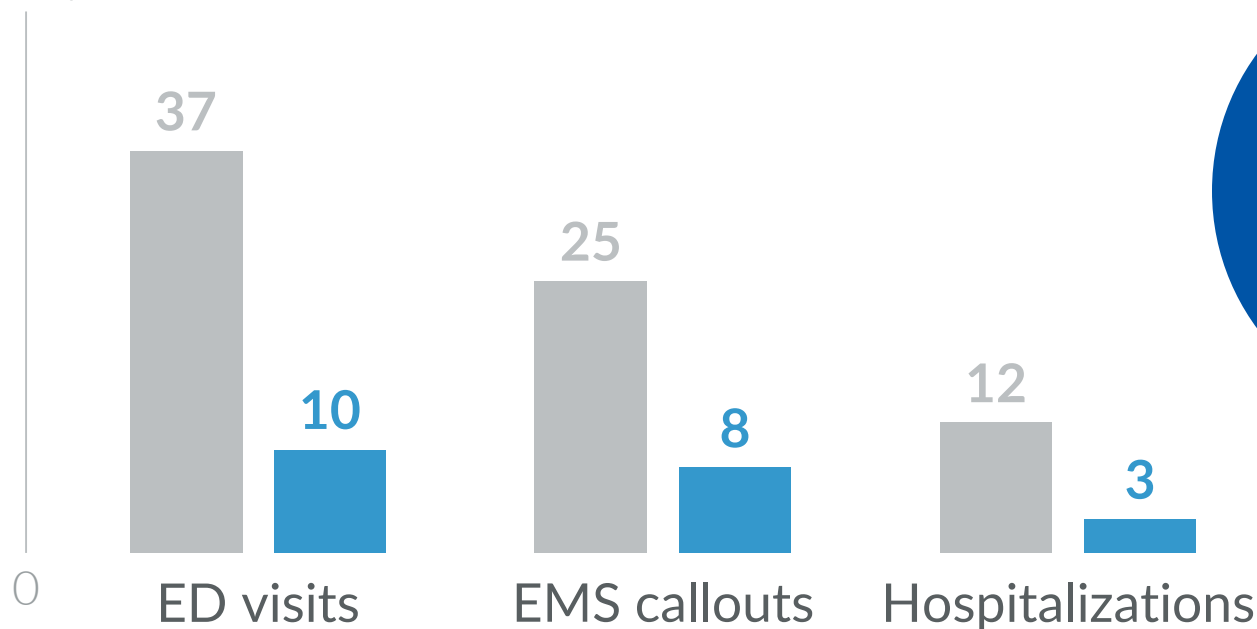


Hospitalizations

Reducing Resource Demand

The rate of emergency and inpatient healthcare utilization decreased drastically **after 12 I-CAN care coordination visits**,* compared to the rate **prior to joining I-CAN**, for 38 clients with intake and follow up data.

50 per 6 months



Estimated
\$224k
in cost savings
per 6 mo.

*Rates adjusted and standardized for number of occurrences per 6 month period.

The background image shows a modern transit station. On the left, a tram is visible with its overhead power lines. In the foreground, a person is standing with a bicycle on a paved area. The station building has large glass windows and a modern architectural style. The overall scene is in grayscale, with text overlays in various shades of gray and blue.

The I-CAN Model

Client & Population Impact

Achievements & Challenges

Questions and Discussion

Achievements and Developments

Carl in the Nexus: Video produced by the National Center for Interprofessional Practice and Education for national distribution

Invited publication for special issue of Journal of Interprofessional Care

Local, national, and international presentations

Monmouth NCAPP funded by Willamette Valley Health Care (CCO)

Contract in progress with AllCare (Jackson County)

Jointly funded faculty-in-residence position in Rockwood (City of Gresham) in development

New NCAPPs in La Grande and Coos Bay (AY 2017-18)

Challenges

Need for additional evaluation:

- Client outcomes
- Cost savings
- Model for cost avoidance

Integration into curricula across Schools

Sustainable funding model

Acknowledgements



Nexus Innovators Network

I-CAN is a NEXUS Innovation Incubator Project for the National Center for Interprofessional Practice and Education.



HRSA Funded

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD7HP25057 and title “Interprofessional Care Access Network” for \$1,485,394. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The background image shows a modern, multi-story building with a glass facade on the right side. On the left, there are construction cranes and a building under construction. The sky is overcast. The text is overlaid on semi-transparent horizontal bars.

The I-CAN Model

Client & Population Impact

Achievements & Challenges

Questions & Discussion



Thank You

www.ohsu.edu/i-can

ican@ohsu.edu



**RESOLUTION 2017-04-01
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, Suzy Funkhouser has served as a member of the Board of Directors of Oregon Health & Science University, including service on the Integrity Program Oversight Council, since October 1, 2014;

WHEREAS, the Board of Directors wishes to recognize the service and outstanding achievements of Suzy Funkhouser;

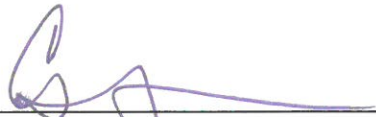
NOW THEREFORE, BE IT RESOLVED, that Oregon Health & Science University expresses its sincere appreciation for the valuable service and dedication of Suzy Funkhouser throughout her tenure on the Board of Directors and for advancing OHSU's missions of teaching, healing, discovery and outreach.

This Resolution is adopted this 6th day of April, 2017.

Yeas 9

Nays 0

Signed by the Secretary of the Board on April 6, 2017.



Connie Seeley
Board Secretary



**RESOLUTION 2017-04-02
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, Janet Billups, J.D. has served as General Counsel and Assistant Board Secretary for Oregon Health & Science University from 1995 through 1999 and again from 2013 through 2017;

WHEREAS, Ms. Billups was the principal legal architect of the statute enacted in 1995 which established OHSU as a public corporation;

WHEREAS, the Board of Directors wishes to publicly acknowledge Ms. Billups for her nearly 30 years of service as legal counsel to OHSU;


NOW THEREFORE, BE IT RESOLVED, that Oregon Health & Science University expresses its appreciation to Janet Billups for her leadership and significant contributions to OHSU and to the advancement of OHSU's missions of teaching, healing, discovery and outreach.

This Resolution is adopted this 6th day of April, 2017.

Yeas 9

Nays 0

Signed by the Secretary of the Board on April 6, 2017.



Connie Seeley
Board Secretary