



OHSU Public Board of Directors Meeting

Friday, April 19, 2024

1:30-3:10pm

Robertson Life Sciences Building, Room 3A001

2730 S. Moody Ave., Portland, OR 97201

YouTube:

https://youtube.com/live/UegopGm8f_U?feature=share

Dial In:

Phone (audio only):

1-503-388-9555 Portland, OR

1-206-207-1700 Seattle, WA

Meeting number (access code): 2630 527 8288



**OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING**

Public Agenda

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1:30pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes January 25, 2024 (ACTION)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
1:45pm	Standing Report <ul style="list-style-type: none">Faculty Senate	Martina Ralle, PhD
2:00pm	FY24 December YTD Financial Results	Lawrence Furnstahl
2:25pm	OHSU Capacity Management: A Crisis of Scarcity	John Hunter, MD Nathan Selden, MD Brooke Baldwin, DNP, RN
2:45pm	Transforming Youth Mental Health Through Innovation & Discovery	Bonnie Nagel, PhD
3:05pm	Resolution Faculty Engagement (ACTION)	Wayne Monfries
3:10pm	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
January 25, 2024
WebEx/ECHO 360 virtual live meeting

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 9:30am at the Robert Life Sciences Building and via YouTube links.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the Secretary of the Board at 3225 SW Pavilion Loop, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members who attended in person were President Danny Jacobs, Chair Wayne Monfries, Chad Paulson, Mahtab Brar, James Carlson Susan King, Steve Zika and Sue Steward. Ruth Beyer attended via audio. OHSU staff presenting material on the agenda were Lawrence Furnstahl, Renee Edwards, MD, MBA, Brooke Baldwin, DNP, RN and David Huang, MD, PhD. Alice Cuprill Comas, JD. Connie Seeley, Secretary of the Board as well as other OHSU staff members were also in attendance.

Call to Order

Chair Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 9:32am and welcomed those that were in-person and virtual attendance to the first board meeting of the new year.

Chairman's Comments

Wayne Monfries, Board Chair

Chair Monfries began by mentioning the expansion of the board this year regarding Senate Bill 423 which states the OHSU board will be adding one faculty member and one nonfaculty staff member. The timeline is expected for this fall.

He thanked student board member Mahtab Brar for his service as this was his last meeting. He said he looked forward to welcoming their next student representative Calvin Jara at the April board meeting.

Mr. Monfries recognized the research mission for securing nearly \$600 million in funding for the 2023 fiscal year. He also acknowledged all members who braved the winter storms to keep OHSU running with power outages and downed trees around the city and thanked them all for showing up like they always do for others.

In closing he thanked those who reached out to the board of directors regarding the conduct of former OHSU employee Dr. Dan Marks he said they looked forward to hearing the results of the review that Dr. Jacobs had authorized to help answer and clarify many outstanding questions.

He reviewed the agenda topics and turned the meeting over to President Jacobs.

President's Comments

Danny Jacobs, MD, OHSU President

President Dr. Danny Jacobs welcomed everyone in attendance and said despite all the challenges they have faced they have much to be proud of.

He began by highlighting some of their accomplishments including the letter of intent with Legacy to create a single integrated health system. He said they will share more information as it becomes available.

He echoed Chair Monfries' sentiments about the research mission setting a record for funding in the 2023 fiscal year and also shared a few examples demonstrating the unique services OHSU provides in Oregon and beyond including a procedure to allow a patient born without a windpipe to use her vocal cords to speak for the first time and also the life-saving efforts to save a life-flighted patient with a torn aorta, intestines and bowel. Both extraordinary examples that happen every day at OHSU.

Dr. Jacobs welcomed the new Dean of Public Health, Dr. Paul Halverson, and mentioned the \$13 million gift from the estate of George and Helene Ettelson to support cancer and dermatology faculty and innovation. Also created, was the Stephen La Frankchi, MD endowment for pediatric endocrinology.

Dr. Jacobs acknowledged Chair Monfries comments regarding the behavior of Dr. Dan Marks. He apologized for the stress this has caused to so many learners and institutional members and said that he is committed to ensuring all members can work and learn without fear of bullying, harassment, discrimination, retaliation, or other inappropriate behaviors.

He concluded his comments by thanking the board for their ongoing commitment, guidance and support of OHSU's missions and turned the meeting back over to Chair Monfries.

Approval of Minutes

Wayne Monfries

Chair Monfries asked for approval of the minutes from the October 27, 2023, OHSU Public Board meeting. Upon motion duly made by Sue Steward and seconded by Chad Paulson the minutes were approved by all board members in attendance.

OHSU Onward: FY24 First Half Results

Lawrence Furnstahl and John Hunter, MD

Chair Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer and John Hunter, MD, EVP, CEO of OHSU Health Systems.

Mr. Furnstahl provided an update on the FY24 First Half Results. He discussed Operating Income Operating Margins and Variance. He mentioned FEMA assistance and discussed their improving financial performance.

Dr. Hunter discussed Volume metrics, Healthcare growth, IFP workstreams and Progress Targets by month.

Mr. Furnstahl mentioned that OHSU's Net Worth was up \$151M with FEMA support and Federal receivables being the main timing difference in the increase in net worth and the increase in OHSU-held cash.

He concluded his presentation discussing Fitch Ratings and OHSU's modest turning point across their tracking metrics, FTEs, and breaking loose from economic challenges.

Board members asked for additional information on their modest turning point numbers, cost side opportunities, cost issues beyond the next six months and what are other successful health systems doing.

Annual Quality & Safety Report

Renee Edwards, MD, MBA

Chair Monfries recognized Renee Edwards, MD, MBA, Senior Vice President, Chief Medical Officer OHSU Health.

Dr. Edwards provided an update on the FY23 Annual Quality & Safety Report. She discussed the performance highlights including OHSU's CMS 5 Star rating, the readmissions reduction program and Vizient's Annual Quality & accountability scorecard.

She covered the FY23 Tier 1 priorities, their selective FY23 Initiatives and FY24 priorities.

Board members asked for further information on ambulatory care and it's decline, episodes of care programs, hospice care programs, Vizient and the CMS five-star ratings measures and performance and what do they feel OHSU is doing great and what they need to lean in on.

Reimagining the Future of Nursing & Patient Care Services at OHSU

Brooke Baldwin, DNP, RN

Chair Monfries recognized Brooke Baldwin, DNP, RN, SVP & Chief Nursing Executive OHSU Health and Associate Dean, Clinical Affairs, OHSU School of Nursing.

Ms. Baldwin provided an overview of Reimagining the Future of Nursing and Patient Care Services at OHSU.

She discussed the Reimagining Nursing Journey, the Nursing Strategic Roadmap and the Current State of the Nursing Workforce.

She spoke of the vision of Nursing Excellence & Innovation and discussed their top six goals and provided data of the journey timeline and organizational restructuring.

Ms. Baldwin provided their current Data Insights including top concerns for Nurses. She concluded her presentation discussing their Activities and Interventions including Staffing, A Healthy Work Environment and Workforce and Leadership Development.

Board members asked for further information on the assessment completed and how they will move from data collection to planning and what actions will be taken, nurse staffing and the use of technology.

Optical Coherence Tomography: from the Eye to the Heart and Beyond

David Huang, MD, PhD

Chair Monfries recognized David Huang, MD, PhD, Wold Family Endowed Chair in Ophthalmic Imaging, Professor of Ophthalmology & Biomedical Engineering OHSU.

Dr. Huang provided a report on Optical Coherence Tomography (OCT): from the Eye to the Heart and Beyond.

He spoke of his 2023 Banner year awards including the Clinical Medical Research Award and the National Medal of Technology and Innovation.

He discussed pushing the frontier of OCT and OHSU and concluded his presentation discussing using the eye as a window to the Brain, Heart, Blood Vessels and other target organs including skin, the digestive tract, teeth and ears.

Board members had no further questions and thanked Dr. Huang for the amazing work.

Resolution Appointment of Calvin Jara to the Integrity Program Oversight Committee (IPOC)

Chair Monfries presented OHSU Board Resolution 2024-01-02, Appointment of Calvin Jara to the Integrity Program Oversight Committee.

OHSU Board Resolution 2024-01-02

Chair Monfries asked for a motion to adopt Resolution 2024-01-02. James Carlson moved to approve the motion. Mahtab Brar seconded the motion, and it was approved by all OHSU Board members in attendance.

Resolution Recognition of Service for Mahtab Brar

Chair Monfries presented OHSU Board Resolution 2024-01-03, Recognition of Service for Mahtab Brar

OHSU Board Resolution 2024-01-03

Chair Monfries asked for a motion to adopt Resolution 2024-01-03. Chad Paulson moved to approve the motion. Sue Steward seconded the motion, and it was approved by all OHSU Board members in attendance.

Adjournment

Wayne Monfries

Hearing no further comments or business for discussion, Chair Monfries thanked the board members and presenters for their participation. The meeting was adjourned at 11:29am.

Respectfully submitted,

Connie Seeley
Secretary of the Board



April 12, 2024

TO: Oregon Health & Science University Board of Directors
FROM: Amy Miller Juve, Ed.D, M.Ed. Senate President and Professor,
Anesthesiology & Perioperative Medicine, on behalf of the Faculty Senate

SUBJECT: Oregon Health & Science University Faculty Senate Update, April 2024

Faculty Senate

senate@ohsu.edu
www.ohsu.edu/education/faculty-senate

Mail code: L349
Baird Hall, suite 1028
3225 S.W. Pavilion Loop
Portland, OR 97239

1. Senate highlights and appreciations:

- a. The salaries of roughly 118 Faculty, who were in good standing but were paid below their benchmark salary due to budget limitations, were brought to benchmark. We appreciate the Faculty Senate Compensation Committee and OHSU Senior leadership for their 10+ months of work to bring this to fruition. We believe this is an important step in ensuring pay equity for all Faculty and recognizing the important contributions of their work.
- b. The Senate is appreciative of the continued efforts to include the Senate and Faculty perspective on matters that impact Faculty. Examples include serving on the CEO search committee, providing input into Faculty compensation and the OHSU budget, and the handling of the recent events involving Dr. Marks.
- c. We hosted the 28th Distinguished Faculty Awards Ceremony and recognized exceptional Faculty contributions in teaching, research, service, leadership, collaboration, and excellence. This event is always inspiring and is a highlight of the year for Senate. It brings our community together to celebrate the awe-inspiring work of Faculty across all missions.

2. Select ongoing work:

- a. We are selecting and recommending to the Oregon Governor, the first Faculty member to serve on the OHSU Board of Directors. This comes at an opportune time when we are facing significant financial challenges while seeking to grow our healthcare system and strategically align and support our work within all our missions. Adding a Faculty lens to the existing expertise on the board will help us better navigate the unique challenges that lie ahead.
- b. Limited access to OHSU campuses continues to be a source of significant frustration for Faculty and the hospital expansion will further exacerbate parking constraints. Senate has convened a small workgroup comprised of a representative from Senate, unclassified staff, and nursing (the groups most impacted by the recent parking fee increases), along with Campus Access and Commute Services representatives, to explore and implement solutions to our collective parking concerns. Most Faculty cannot do their job remotely and continuing to raise parking prices for those who have no

choice but to come to OHSU's Portland Campus will have negative impacts on recruitment, retention, job satisfaction, and our ability to carry out our missions.

- c. We continue to convene the Faculty Compensation Committee, which includes a subset of Senior leaders, to address important issues related to Faculty compensation. We are currently focused on equitable salary and institutional salary support for research intensive faculty in the Professorial Series. Currently, the compensation plan is not applied equitably to all PhD faculty across schools, centers, or institutes, although their scope of work and funding expectations are largely similar.
- d. One of our goals for this academic year focuses on creating connections – connections between faculty and Senior leaders and creating a greater sense of community and belonging among Faculty. To help us achieve this goal, we have hosted two social gatherings. Our gathering in the late fall included Senior leaders and Senators and our gathering in the winter included all Faculty and Senior leaders. We will continue to find ways to strengthen connections among our community.

3. Emerging areas of focus:

- a. Faculty Senate acknowledges that OHSU is facing significant budget challenges. The last time we faced similar challenges was during COVID, when we were asked to do more with less while our salaries were frozen and then cut. Leaders across campus are currently working to propose cost-saving measures and budget cuts, and we are motivated to participate in robust budgetary conversations about preserving our most essential functions including research, teaching, and healing. Focusing financial cuts on the two missions that so clearly define us as an Academic Medical Center (the only one to serve our state), is a mistake. The full Senate will meet with Dr. Jacobs and Mr. Furnstahl on Thursday, April 18th to explore possibilities and propose priorities.
- b. Communications from OHSU leadership to OHSU members have also become a focus for Faculty Senate. Specifically, we are advocating for our Senior leaders to create a more robust communication plan. This plan should provide basic information to OHSU members quickly and in plain language, especially when there is a reasonable expectation that controversial or triggering information about OHSU will be reported by the media. Faculty are united in their frustration with recent communications from OHSU either being too vague, hard to understand, blaming, or defensive. Senate is committed to sharing feedback with leadership when their communications fall short of expectations.

Sincerely,



Amy Miller Juve, Ed.D, M.Ed.

OHSU Faculty Senate President, on behalf of the OHSU Faculty Senate



April 11, 2024

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl
Executive Vice President & Chief Financial Officer

Re: FY24 YTD Financial Results & FY25 Preliminary Budget Plan

Enclosed is the financial update for next Friday's meeting of the Board, covering FY24 year-to-date results and the FY25 preliminary budget plan.

We just closed March books. Through the first 9 months of FY24, operating income is a loss of \$(44)m, a negative operating margin of -1.2% and \$(47)m off the seasonally spread budget. We are working hard to narrow this deficit through Improving Financial Performance (IFP 2.0) and Strategic Alignment work as well as spending restraint throughout the University.

The largest driver of the increased loss in March is a sharp decline in specialty and subspecialty clinical activity, compared to both budget and last year: inpatient surgical cases were -6.6% below budget and -10.4% below last March, while CMI (casemix index, a measure of complexity) was -1.6% below budget and -5.4% below last March. Investment in salaries & benefits for frontline patient care staff continue above budget due to both higher pay rates (including new contracts for nurses and house officers negotiated and ratified this year) and higher staffing levels that reflect Oregon's new hospital staffing law.

Given the concentration of healthcare resources in a small number of very complex cases, single month results can be quite volatile. FY24 results for 9 months include \$44m of real but one-time 340b pharmacy gains and \$29m of spending below budget largely due to timing of program ramp up; absent these, the underlying run-rate is an annualized loss of \$(156)m

This current year "run-rate" loss plus payment rate growth (at 2% for tuition and 4.45% for patient care) that falls well below wage & cost inflation (5.8% for average compensation per FTE and 7.5% for pharmacy & medical supplies) create the gap we need to close for a zero-margin budget next year. A zero margin compares to OHSU's nationally-benchmarked operating margins pre-pandemic (including \$176.5m in FY19), which provided funds to invest in people, programs, buildings, equipment & technology. These investments allow OHSU's members in all missions to do their best work and to advance the health & well-being of Oregonians. The FY25 budget plan is thus a step toward a sustainable level of investment, achieved with renewed focus on improving access to the complex specialty & subspecialty services that no other health system in the region can provide.

The FY25 preliminary budget plan targets balanced revenues and expenses of \$5.4 billion. Comparing next year's projection with last year's actual results, patient revenues grow by 23% over two years (FY23 to FY25) with focus on that care most requiring AHC-level services. Over the same timeframe, salaries & benefits grow by 20% compared to 7% for depreciation & interest, reflecting greater investment in people and programs compared to spending on capital (places and things).

The FY25 capital plan includes \$150m of annual spending, equal to FY24's allocation to reflect the same zero-margin budget, with an even balance between infrastructure and strategic priorities. We also plan to spend \$27m to complete the design of the Doernbecher / Perinatal expansion prior to Board consideration of proceeding with construction, and up to \$269m for next year's work on the Inpatient Addition (IPA). The IPA is on schedule to open in Spring 2026 at its project budget of \$650m, adding 128 beds plus shell space for further expansion.

Like academic health centers across the country, OHSU continues to navigate an evolving health care landscape that is more challenging than ever. Even though OHSU has fared better financially than many other health systems—thanks in large part to focused work on the part of our members—expenses continue to outpace revenue growth, putting us at financial risk. As Oregon's only comprehensive academic health center, we are uniquely positioned to focus our strategies to further innovate, improve our ability to fulfill our missions, and help address our financial challenges.

Our strategies will focus on our core, state-mandated missions, including improving access to the complex specialty and subspecialty services that no other health system in the region can provide. We want to ensure patients can get the care they need without having to travel outside the region. To succeed, our structures and budgets must align with our overall strategy like never before. Accordingly, we have a plan to align how we invest resources strategically in patient care, research and education.

Our financial strategy is to grow patient activity to meet the needs of Oregon and the Pacific Northwest while also spreading fixed costs across a wider base. We focus on tertiary and quaternary (highly specialized) programs that leverage research and draw patients with complex diseases who need AHC-level care from throughout Oregon and beyond—OHSU's special role. This growth in turn requires earnings, investment income and gifts to invest in people, programs, places and things.

To balance the step-function increase in wages and other costs, we will:

- Care for each patient promptly in the right setting and at the right cost structure
- Secure inflation-appropriate payment rates that recognize the value our members contribute
- Recruit faculty and staff with competitive pay to build programs that sustain excellence and growth
- Implement rigorous cost savings while increasing capacity and access
- Hold fixed costs fixed with growth to capture economies of scale
- Expand revenue sources such as philanthropy and pharmacy services
- Serve the health & well-being priorities of the State of Oregon (e.g., behavioral health and workforce development) to sustain OHSU's public funding.

Doing so will protect and enhance OHSU's unique role as Oregon's health sciences university and only academic health center with statutory state-wide missions in education, research, patient care, and outreach.



OHSU Onward: FY24 March YTD Results & FY25 Preliminary Budget Plan

OHSU Board of Directors / April 19, 2024

Introduction

- This presentation provides an update on FY24 YTD financial results (with March books just closed) and sets forth the preliminary budget plan for next fiscal year. The Board will consider and vote on the final FY25 budget at its June meeting.
- Through March, OHSU has an operating loss of \$(44)m that we are working hard to narrow through IFP & Strategic Alignment work and OHSU-wide spending restraint..
- FY24 results include \$44m of real but one-time 340b pharmacy gains and \$29m of spending below budget largely due to timing of program ramp up; absent these, the underlying run-rate is an annualized loss of \$(156)m.
- This loss plus payment rate growth (at 2% for tuition and 4.45% for patient care) that falls well below wage & cost inflation (5.8% for compensation / FTE and 7.5% for Rx & medical supplies) create the gap we need to close for a zero-margin FY25 budget.
- Zero margin compares to OHSU's nationally-benchmarked operating margins pre-pandemic (including \$176.5m in FY19), funds to invest in people, programs, buildings, equipment & technology—investments that allow OHSU's members in all missions to do their best work and advance the health & well-being of Oregonians.
- The FY25 budget plan is thus a step toward a sustainable level of investment, achieved with renewed focus on improving access to the complex specialty & subspecialty services that no other health system in the region can provide.

FY24 March YTD Financial Results (9 Months)

- For the month of March itself, we had an operating loss of \$(11)m.
- At Q3, we reevaluate whether we are likely to pay an OHSU Incentive Plan and adjust the budgeted accrual accordingly. Given the deficit, we have reversed the YTD OIP accrual of \$9m in March.
- Absent this one-time accounting pickup, the underlying loss in March is \$(20)m, compared to \$(4.5)m in the month of February and \$(9)-(10)m per month through January, although with significant month-to-month variation.
- The largest driver of the March setback is a sharp decline in “Tertiary/Quaternary” clinical activity, compared to budget and last year:
 - Inpatient surgical cases were -6.6% below budget and -10.4% below last March
 - CMI was -1.6% below budget and -5.4% below last March
 - By contrast, ER visits were up +5.7% from budget and 5% from last year.
- Investment in salaries & benefits for frontline patient care staff continue above budget due to both higher pay rates (including new contracts for nurses and house officers) and higher staffing levels that reflect Oregon’s new hospital staffing law.
- Given the concentration of healthcare resources in a small number of very complex cases, single month results can be quite volatile. For the January – March quarter, the underlying loss ran about \$(35)m or nearly \$(12)m per month.

Major Budget Impacts through March

- From FY13 to FY23, OHSU patient activity increased by 4% per year. To meet patient demand while balancing the FY24 budget, we targeted double this but are currently about -2% short (6% vs 8% growth).
- Taking out **one-time** items and areas **ahead of budget** (largely due to program ramp up) then annualizing shows a \$156m lift from today's run-rate to balance next year.

FY24 March February YTD Variance from Budget (millions)

\$3 Budgeted operating income (seasonally spread through March)

(56) Revenue impact of -2.2% lower complexity-weighted activity

(74) Greater than budgeted investment in patient care wages & staffing

+29 Provost, CRO & Central areas ahead of budget (program ramp up)

+44 Medicare 340b settlement (one-time)

+10 Lower depreciation expense & strategic initiative / recruitment spending

\$(44) Actual operating income (FY24 March YTD – 9 months)

\$(117) Annualized loss taking out **one-time** items but keeping **positive variances**

\$(156) Annualized loss taking out both **one-time** items and **positive variances**

Preliminary FY24 March Income & Cash Statement

- OHSU's days cash on hand are 171 on 3/31/24/24, down from 184 at last year-end and compared to the most recent benchmark (Moody's 2023 Aa median) of 261 days.
- \$109m of FEMA assistance has been approved by the government this year and accrued through March but is paid in cash with a lag. This FEMA receivable is the largest timing difference between the \$237m (or 6%) increase in net worth and the \$52m increase in OHSU-held cash & investments.

March YTD (9 Months) (millions)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual - Budget	Actual / Last Year	Sources & Uses of OHSU-Held Cash & Investments (millions)	March YTD (9 months)
Net patient revenue	\$2,248	\$2,552	\$2,548	\$(4)	13%	Operating income (loss)	\$(44)
All other revenues	1,155	1,108	1,168	60	1%	Depreciation	158
Operating revenues	3,403	3,660	3,716	56	9%	FEMA support	109
Salaries & benefits	2,028	2,249	2,325	76	15%	Investment return	140
Rx & medical supplies	636	707	729	22	15%	Capital gifts & grants	0
Other services & supplies	471	506	516	9	9%	OHEP bond funds applied	67
Depreciation	153	162	158	(4)	3%	Sources of cash	431
Interest	32	31	32	0	0%	Principal repayment	(21)
Operating expenses	3,321	3,656	3,760	103	13%	Capital spending	(226)
Operating income (loss)	82	4	(44)	(47)		FEMA & patient A/R + other, net	(132)
						Uses of cash	(379)
						Sources less uses of cash	52
	FEMA support		109			6/30/23 OHSU-held investments	1,386
	Investment return		140			3/31/24 OHSU-held investments	\$1,439
	Gain on Foundation		32				
	Capital gifts & grants		0				
	Other, net		(1)			6/30/23 Days cash on hand	184
	YTD change in net worth		237			3/31/24 Days cash on hand	171
	6/30/23 net worth		4,097			Moody's 2023 Aa median	261
	3/31/24 net worth		\$4,334				



Earnings to Invest in People, Programs & Things

- In FY19, OHSU had an operating gain of \$176.5m. If we had kept just this dollar level of earnings for the next 57 months (FY20 through FY24 March YTD), cumulative earnings would have been \$838m—and higher if calculated on a % of revenue basis.
- In fact, operating income has been a cumulative loss of \$(37)m, offset by \$285m of federal support (CARES & FEMA) booked “below the line” per GASB accounting.
- The actual net is a gain of \$247m or \$(591)m below the pre-pandemic dollar level.

Oper. Income & Federal Support (millions)	Actual Gain (Loss)	FY19 Earnings Comparison
FY20 operating loss	\$(29.2)	\$176.5
FY21 operating gain	72.4	176.5
FY22 operating loss	(89.7)	176.5
FY23 operating gain	53.0	176.5
FY24 March YTD operating loss	(43.7)	132.4
Subtotal - 57 months oper. income	(37.3)	838.3
CARES Act / FEMA assistance	284.7	
Total - oper. income & fed. support	247.3	838.3
Shortfall from FY19 dollar earnings	\$(590.9)	

Overview of FY25 Preliminary Budget Plan

- The preliminary FY25 budget targets balanced revenues and expenses of \$5.4 billion.
- Between FY23 actuals and FY25 targets, patient revenue is expected to grow by 23% as we meet the demand for AHC-level services.
- Over this same 2-year timeframe, salaries & benefits are projected to increase by 20% compared to 7% for depreciation & interest, reflecting prioritization of investment in people & programs over places & things (capital spending).

OHSU Revenue & Expense (millions)	FY23 Actual	FY24 Budget	FY24 Feb Estimate*	FY25 Preliminary	2 Yr Growth FY25 / FY23
Net patient revenue	3,069	3,417	3,380	3,770	23%
All other revenues	1,504	1,479	1,569	1,634	9%
Operating revenues	4,573	4,896	4,949	5,404	18%
Salaries & benefits	2,739	3,013	3,078	3,293	20%
Rx & medical supplies	860	949	971	1,084	26%
Other services & supplies	670	676	689	759	13%
Depreciation & interest	252	258	252	268	7%
Operating expenses	4,520	4,896	4,989	5,404	20%
Operating income (loss)	53	0	(40)	0	
<i>Operating margin</i>	<i>1.2%</i>	<i>0.0%</i>	<i>-0.8%</i>	<i>0.0%</i>	
<i>EBITDA margin</i>	<i>6.7%</i>	<i>5.3%</i>	<i>4.3%</i>	<i>5.0%</i>	
<i>*FY24 estimate based on February results annualized with known one-time items. We are working to narrow this gap to the Board-approved balanced budget.</i>					

Introduction to Strategic Alignment Work

- Like academic health centers across the country, OHSU continues to navigate an evolving health care landscape that is more challenging than ever.
- Even though OHSU has fared better financially than many other health systems—thanks in large part to focused work on the part of our members—expenses continue to outpace revenue growth, putting us at financial risk.
- As Oregon’s only comprehensive academic health center, we are uniquely positioned to focus our strategies to further innovate, improve our ability to fulfill our missions and help address our financial challenges.
- Our strategies will focus on our core, state-mandated missions, including improving access to the complex specialty and subspecialty services that no other health system in the region can provide.
- We want to ensure patients can get the care they need without having to travel outside the region.
- To succeed, our structures and budgets must align with our overall strategy like never before. Accordingly, we have a plan to align how we invest resources strategically in patient care, research and education.

Introduction to FY25 Budget Plan (continued)

- As a first step, in April and May, select senior leaders across our missions will complete a comprehensive audit of all current expenses, projects and roles.
- The executive leadership team will review the results and make final decisions about the next steps as an organization, prior to presentation of the proposed FY25 budget to the Board in June.
- Although reductions in force may be necessary, the intent of this work is to shift our overall strategy to ensure the highest and best use of the services that distinguish OHSU from others and on which Oregon depends.
- Dedicated working groups in various areas will tailor cost-saving and revenue-generating changes to ensure they align with our strategic priorities and advance our core missions.
- Managing change effectively means embracing tough choices; nevertheless, we will maintain our commitment to the culture that makes OHSU a beacon in health care, research and education.
- We must proceed with discipline and compassion, understanding each decision impacts lives and livelihoods.

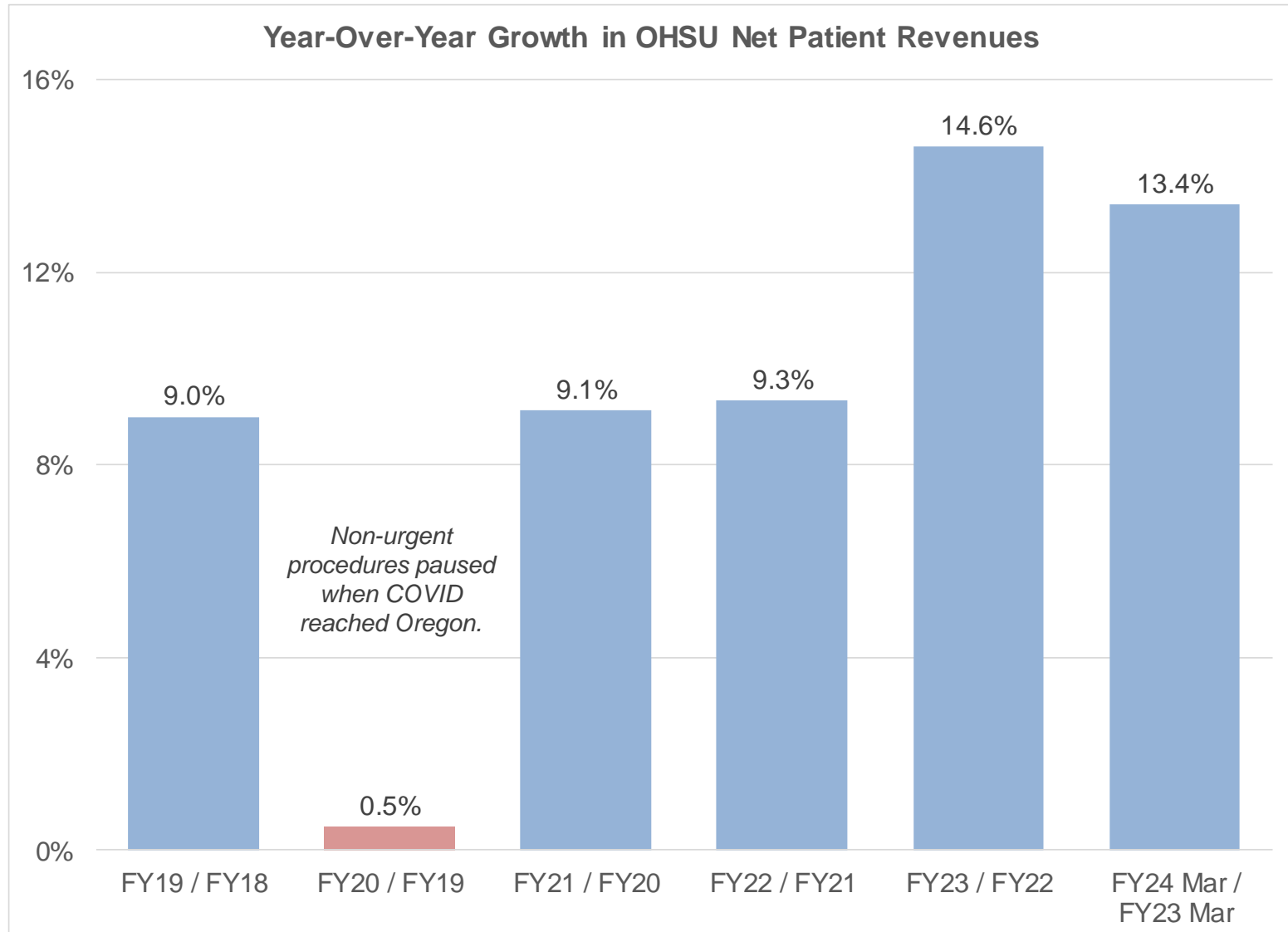
What Must Be True for Success

- We will continue to communicate changes widely with transparency.
- Embrace change, and question and alter norms that hinder our progress.
- Embrace choices anchored in excellence.
- Safeguard key programs in patient care, research, education, central services and community service.
- Agree that all leadership levels, from the Board of Directors to frontline leaders, must back tough choices—even when it is hard or gets noisy.
- Acknowledge institutional objectives will override divisional or entity interests.
- Continue to pursue and—where indicated—expand core, mission-focused and revenue-generating initiatives.
- Remain committed to growth in learner enrollment and retention through strategic investment in education quality.
- Grow the transformational, funded research at OHSU that powers discovery.
- Continue to attract and retain top-tier faculty and staff.
- *This is the moment to define the future for OHSU. Together, we will forge a path that respects our past, responds to our present, and reimagines our future, while building a culture that unites and strengthens all of us.*

OHSU's Pre- & Post-Pandemic Financial Strategy

- OHSU's financial strategy has been to grow patient activity to meet demand while holding a substantial portion (~40%) of our cost base fixed against volume growth.
- We have focused growth on tertiary / quaternary (highly specialized) programs that draw patients with complex diseases who need AHC-level care from throughout Oregon and beyond.
 - *These programs leverage the critical mass of intellectual and technological capital of a health sciences university rich in research and education—OHSU's role in Oregon.*
- In addition to growth, which has been constrained by physical space, we secure resources through:
 - Philanthropy
 - Meeting the pharmacy needs of our cancer, neuro & other patients
 - Serving the health and well-being priorities of the State of Oregon (e.g., behavioral health & workforce development) to sustain OHSU's public funding.
- By July 2026 the \$650m Inpatient Addition (IPA) will open adding 128 adult cancer + complex surgery beds with shell space for future growth.
- Design is proceeding on the Doernbecher addition to replace and expand perinatal services and the neonatal ICU. We plan to bring this project to the Board once detailed cost estimates are available—they currently range about \$350m.

Demand for OHSU Services Remains Very Strong



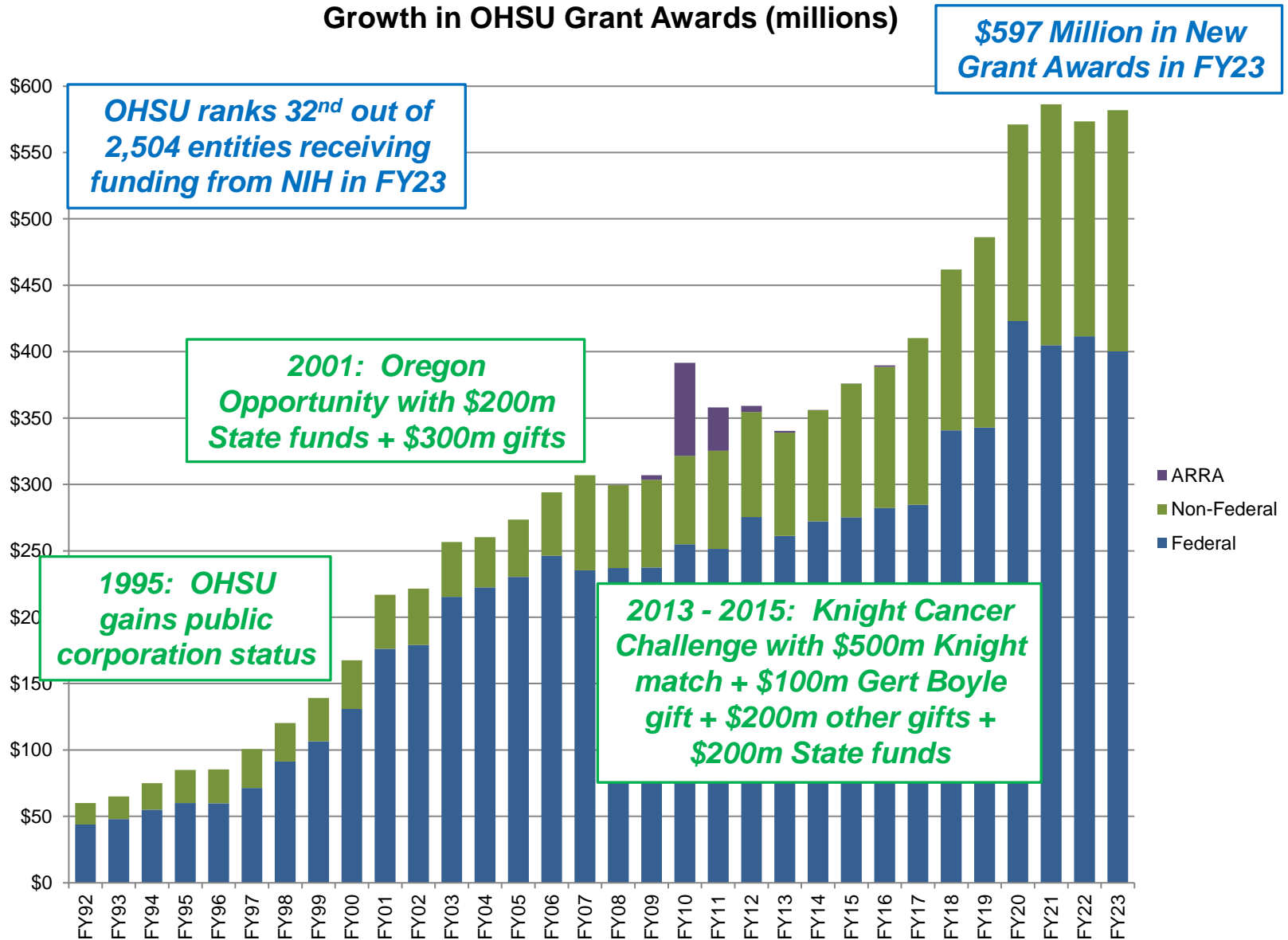
Demand for OHSU Care Grows 2x Other Hospitals

- OHA’s website provides public data on net patient revenues by hospital, a metric of demand for patient care services.
- Over 5 years from 2018 to 2023 (using 9 months annualized), OHSU’s hospital net patient revenue has grown by 58%, twice that of all other Oregon hospitals.
- This reflects the demand for OHSU’s unique specialty/subspecialty services as Oregon’s academic health center combined with our ability to recruit faculty and build programs.
- These factors have resulted in a 2.5% annual increase in casemix or complexity per year from FY13 to FY23, which offset OHSU’s shortage of inpatient beds (to will be alleviated by the OHEP projects).

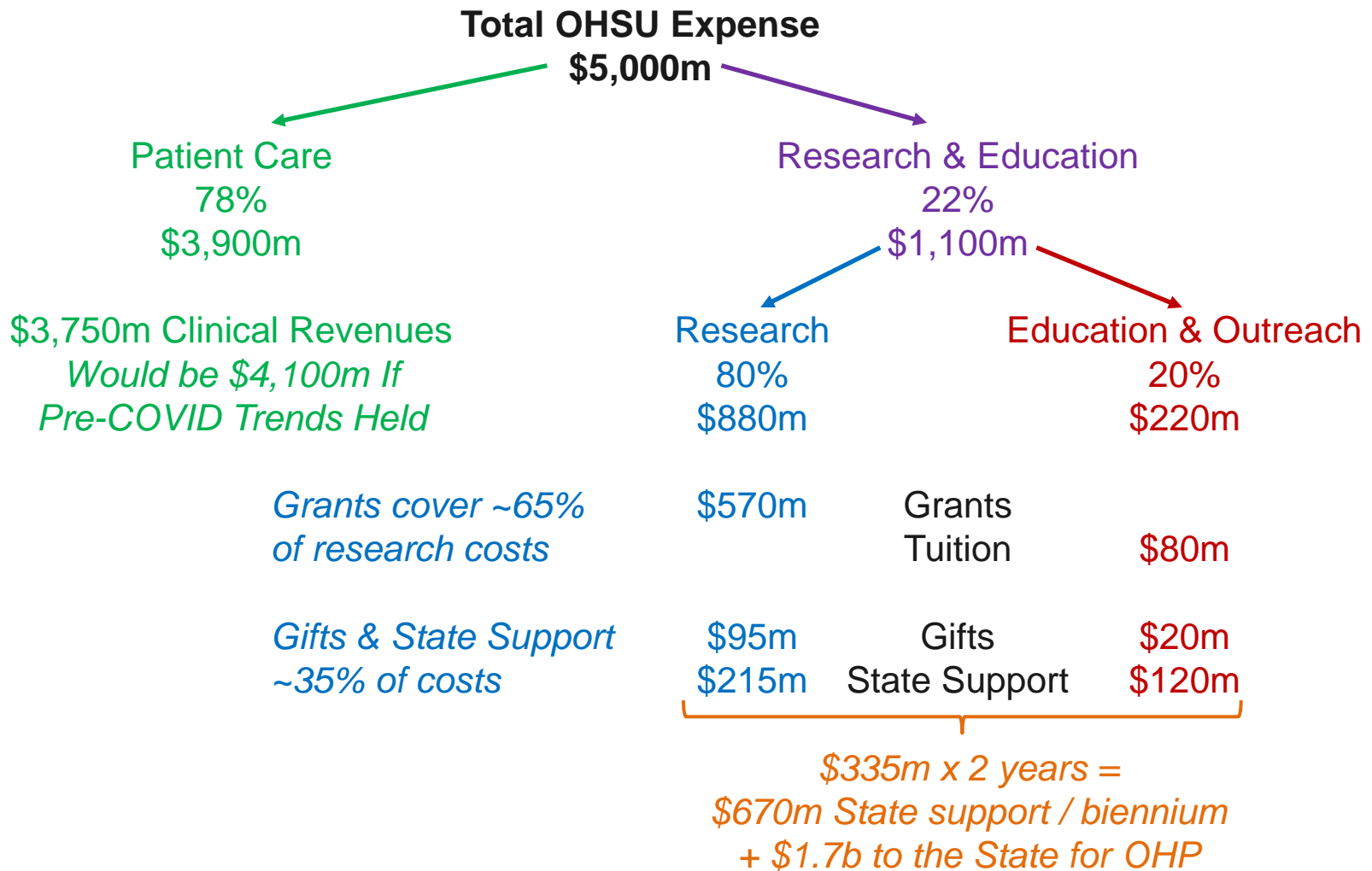
Net Patient Revenue (millions)	OHSU Hospital	All Other Oregon	OHSU % All Other
2018 (Jan to Dec)	\$1,682	\$11,191	15%
2023 (Jan to Sep x 12/9)	\$2,661	\$14,355	19%
5-year percent growth	58%	28%	

30-Year Path to National Scale in Research

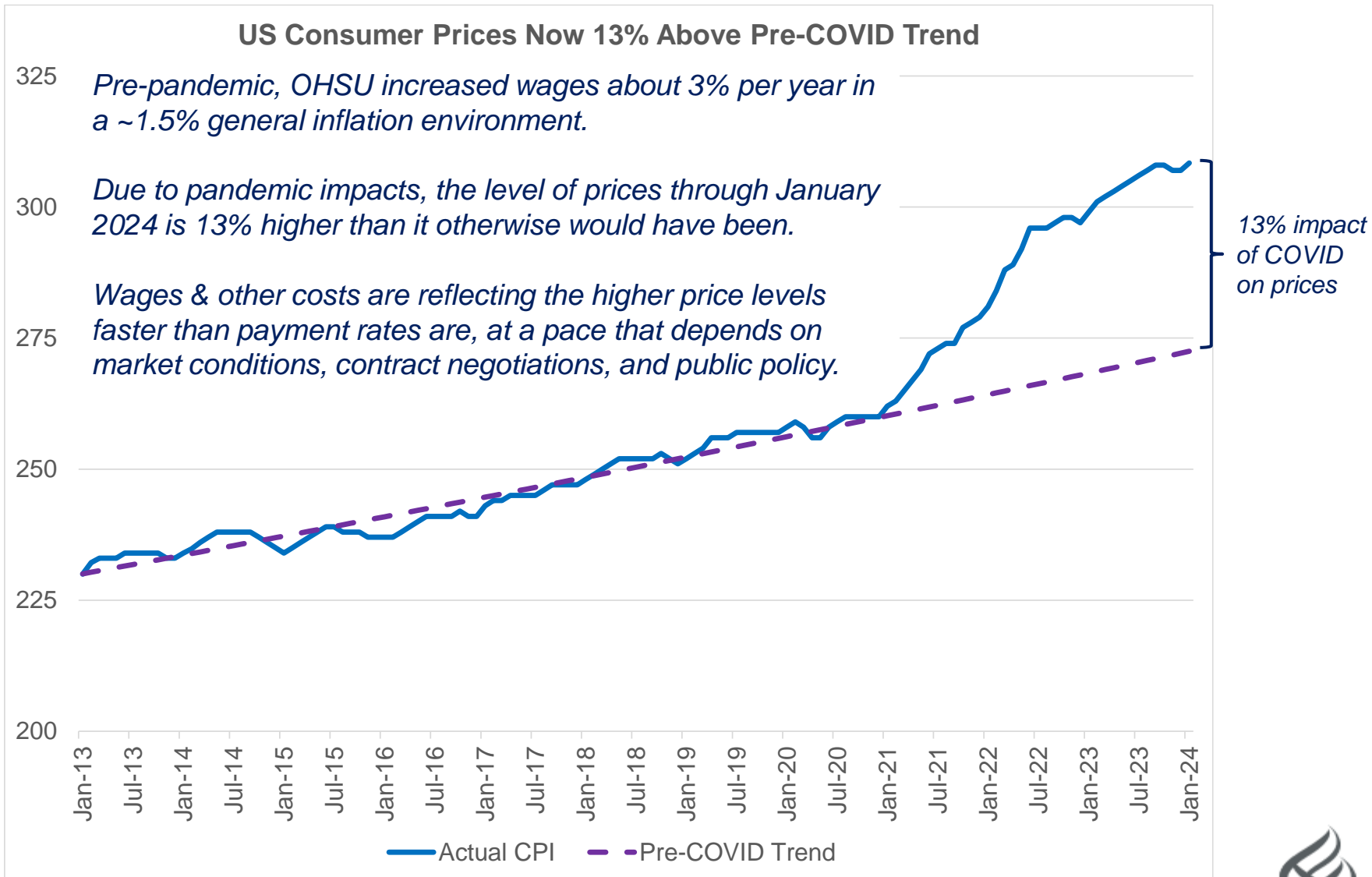
Growth in OHSU Grant Awards (millions)



Big Picture View of OHSU's \$5B Budget



Inflation, though Cooling, Has Added 13% to Prices



Data source: Bureau of Labor Statistics



Strategic Objectives in FY25 Budget & Beyond

- Our multi-year financial strategy assumes that OHSU advances into the position of The Tertiary/Quaternary Destination for a geography spanning north to Seattle, south to Sacramento and San Francisco, east to Salt Lake City, and west to Honolulu.
- Within this position, we have a National-Class Cancer Center drawing patients from an even wider geography.
- \$650m Inpatient Addition (IPA) project opens in Spring 2026, adding 128 beds focused on these programs.
- The Doernbecher/Perinatal Addition is under detailed design.
- From this position, we secure inflation-appropriate payment rates that fully recognize the value of our members and cover the costs of our services.
- Together with a stable balance of commercial and government payers so that the growth rate in payment rates covers the growth rate in costs.

Strategic Objectives in Budget (continued)

- This strategy includes firmly designating bed and OR capacity to meet the demand from patients (including those waiting at other hospitals) who need advanced cancer, neuro, cardiovascular and complex surgical services that leverage the research, multi-disciplinary teams and technological assets of an Academic Health Center.
 - *Providing this tertiary & quaternary care is OHSU's unique role in Oregon.*
- It also requires optimal placement and management of patients who are stable for transfer to OHSU programs at partner sites such as Hillsboro Medical Center and Adventist Health Portland.
 - *Caring for each patient promptly with the right care in the right setting and at the right cost structure.*

Trend in OHSU Adult Admissions by Source

- Since the pandemic, as adult admissions from the Emergency Department have risen by +28%, regular or scheduled admissions (such as inpatient surgeries at the start of cancer treatment) have declined by -18% overall, while total transfers from other hospitals to OHSU have fallen by one-third.
- These trends have hampered our ability to fulfil our unique state-wide role as Oregon's only major academic health center.

Adult Admissions	FY19	FY20	FY21	FY22	FY23	FY23/FY19
Regular admissions	11,313	10,156	9,212	8,926	9,268	-18%
Direct transfers	3,935	3,519	3,091	2,524	2,105	-47%
Transfers through ED	970	1,140	1,318	1,091	1,179	22%
Total transfers	4,905	4,659	4,409	3,615	3,284	-33%
ED admissions	6,480	6,261	6,254	7,652	8,283	28%
SNF admissions	80	231	117	97	63	-21%
Total adult admissions	22,778	21,307	19,992	20,290	20,898	-8%
ED admissions / total	28%	29%	31%	38%	40%	

Change in Relative Share of Surgical Volume

Compared to FY19 pre-COVID activity, total CMI & outpatient adjusted admissions at OHSU are up 17%, while inpatient surgical cases are down -15%.

OHSU Hospital Volume Metrics	FY19 Actual	FY24 Annualized *	Percent Change
Inpatient surgical cases	13,553	11,556	-15%
Outpatient surgical cases	<u>23,527</u>	<u>25,089</u>	<u>+7%</u>
Total surgical cases	37,080	36,645	-1%
Emergency visits	47,856	54,869	+15%
Average daily census	475.8	489.0	+3%
CMI/OP adj. admissions	137,995	161,211	+17%
<i>IP surgical cases % adj. adm.</i>	9.8%	7.2%	

*FY24 February YTD x 12/8

Strategic Objectives in Budget (continued)

- We will continue to invest in competitive pay for critical frontline staff.
- We will also rigorously reduce costs—especially where growth in payment rates does not cover the growth in unit cost inflation—using these principles to treat all expenditures as strategic investments and retain only what is essential:
 1. Prioritize and fully fund key capabilities that drive success.
 2. Allocate minimum necessary resources to meet industry standards.
 3. Fund basic operational costs to maintain functionality.
 4. Cut non-essential spending.
- Research & education will be scaled to available funding from grants, tuition, gifts & State support (which together grow ~2-4% / year) until sufficient clinical earnings are generated near the end of the 2020s → *highlighting the importance of philanthropy and investment returns.*

Major Lifts & Risks in FY25 Budget Targets

- Securing \$166m in Improving Financial Performance (IFP) savings in Healthcare + School of Medicine (equal to FY24 January - June IFP target annualized)
- Plus \$34m of additional savings in HC + SoM for \$200m in total improvement
- \$103m net gain from 6.5% clinical activity growth + 4.45% average rate increase in excess of 60% variable cost of care + wage & cost inflation
- \$13.6m in savings across the Provost, Chief Research Officer & Central areas compared to spending levels in the FY24 Board-approved budget
- \$48m additional investment in nursing with full-year implementation of Oregon's new hospital staffing law
- Zero "OHSU Incentive Plan" allowance in FY25 break-even budget—we would begin to increase compensation only with dollars above 1% operating / 6% EBITDA margin
- *These assumptions result in break-even budget for FY25 with \$42m in general contingency, up \$30m from FY24 budgeted amount, to mitigate against risks*
- *For sense of scale, this \$30m increase would cover a 0.5%-point reduction in payment rate growth (3.95% on average rather than 4.45%, compared to 2.8% historically).*

Key Assumptions for FY25 Budget Targets

- FY24 H1 actual base for HC+SoM (includes \$41m of H1 IFP savings)
- FY24 budget base for All Other University areas
- 6.5% clinical volume growth in Healthcare (compares to 4.3% 10-year average, doubling down on specialty/subspecialty strategy)
- 4.45% weighted average clinical rate increase (compares to 2.8% 10-year average)
- 4% grants growth
- 2% general tuition rate increase with continuation of OHSU Tuition Promise
- 60% clinical mission FTEs variable with volume growth ($60\% \times 6.5\% = 3.9\%$ increase)
- No other net increase in FTEs that are not grant funded
- 5.8% weighted average wage & benefit growth per FTE
- 100% of Rx & medical supplies variable with 6.5% volume growth + 7.5% cost inflation
- \$295m total FY25 QDP/IGT funds (\$530m biennium - \$235m to be booked in FY24)
- \$25m new strategic investment for Behavioral Health

Budget to Budget Changes in Revenue & Expense

Compared to the FY24 budget approved by the Board last June, the FY25 preliminary plan has \$509m more revenues, 71% from patient care, and \$509m more expense, 41% invested in salaries & benefits for our members and 27% in pharmacy & medical supplies for our patients.

FY25 Plan vs FY24 Budget (millions)	FY24 Budget	FY25 Preliminary	\$ Change Bdg to Prel
Net patient revenue	\$3,417	\$3,770	\$353
Medical contracts	184	191	7
Grants & contracts	557	591	34
Gifts applied	113	111	(2)
Tuition & fees	83	85	2
Sales, services & other	259	291	32
State support	283	365	83
Operating revenues	4,896	5,404	509
Salaries & benefits	3,013	3,293	280
Rx & medical supplies	949	1,084	135
Other services & supplies	676	759	83
Depreciation	217	227	10
Interest	42	42	(0)
Operating expenses	4,896	5,404	509
Operating income (loss)	\$0	\$0	\$0
<i>Operating margin</i>	<i>0.0%</i>	<i>0.0%</i>	
<i>EBITDA margin</i>	<i>5.3%</i>	<i>5.0%</i>	

Preliminary FY25 Capital Budget Projects

- The annual capital budget for FY25 is set at \$150m, equal to this year's allocation to reflect the same zero-margin budget, with an even balance between infrastructure and strategic priorities and priority to patient-critical needs.
- We also plan to spend \$27m to complete design of Doernbecher / Perinatal expansion and \$269m for next year's work on the Inpatient Addition opening in 2 years.

FY25 Proposed Capital Budget Allocations (000)	OHSU Health	Other University	Total OHSU		OHSU Health	Other University	Total OHSU
Infrastructure				New Strategic Priorities			
Infrastructure / replacement	\$34,215	\$20,223	\$54,438	Safety standards upgrade 4C - Design/Build	\$150	-	\$150
Library materials / Academic areas	815	6,500	7,315	DCH Clean Steam System - Design/Build	200	-	200
Space Committee (relocation & repurposing)	-	2,950	2,950	Visage Medical Imaging Replacement	319	-	319
Research equipment replacement	-	2,150	2,150	Epic Cupid Cardiovascular Module	490	-	490
Flexible Workspace	-	1,850	1,850	Epic Home Infusion	979	-	979
School of Medicine replacement	-	1,690	1,690	Alaris Pump Replacement	6,398	-	6,398
Knight Cancer Institute - capital gift match	-	750	750	OR Lights, Booms and Integration Replacement	7,043	-	7,043
Public Safety and Administration	-	1,500	1,500	Parking Garage C	-	2,200	2,200
Institutional Contingency / Infrastructure	-	6,008	6,008	Kronos to UKG Dimensions Upgrade	-	1,978	1,978
<i>Subtotal Infrastructure / Replacement</i>	<i>35,030</i>	<i>43,621</i>	<i>78,651</i>	<i>Subtotal New Strategic Priorities</i>	<i>15,580</i>	<i>4,178</i>	<i>19,758</i>
Strategic pre-committed				Total FY25 Capital Base Allocation			150,000
Robertson Life Science Building P2 Remodel	-	3,420	3,420	OHEP Inpatient Addition (IPA)			268,965
PGE Feeder Connection	-	2,200	2,200	Doernbecher / Perinatal Addition Design			26,720
Security Cameras for Parking Structures	-	1,000	1,000	Total FY25 Capital Budget Allocation			\$445,685
OHSU 2025 Initiatives	-	527	527				
Research equipment from grants	-	5,000	5,000				
Robertson Life Science Building 7th Floor Build-out	-	7,169	7,169				
Marquam Hill Nonconforming Site Improvements	-	4,000	4,000				
West Campus Animal Housing (Corral 9)	-	3,154	3,154				
Partnership Project (Lease Consolidation)	-	1,000	1,000				
West Campus Drain Piping Replacement	-	500	500				
CHO - OHSU Knight - Legacy Collaborative	3,724	-	3,724				
CHO Mt. Hood Infusion Clinic Expansion	3,871	-	3,871				
GI Lab Future Inpatient Relocation (Hatfield Research Ctr 11)	13,527	-	13,527				
Emergency Department Expansion - Programing only	2,500	-	2,500				
<i>Subtotal Strategic pre-committed</i>	<i>23,621</i>	<i>27,970</i>	<i>51,591</i>				

Update on OHEP: Inpatient Addition (IPA)

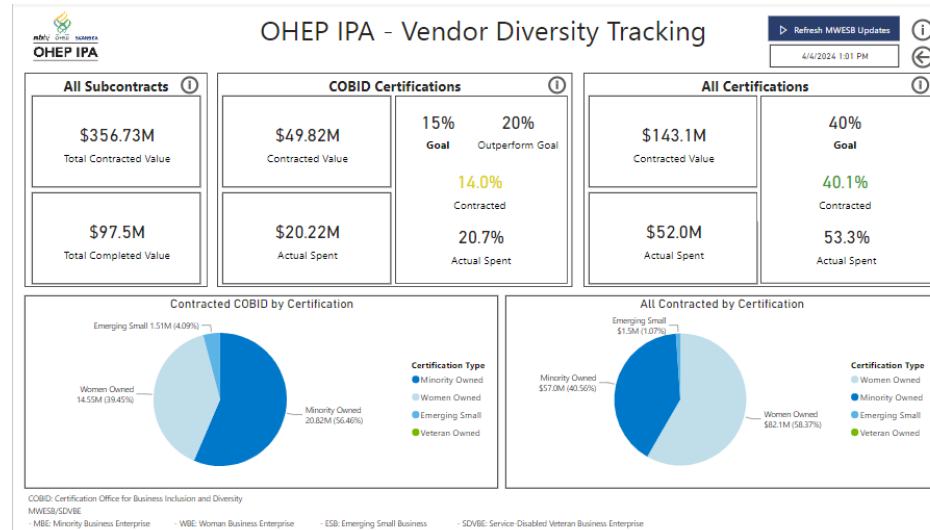
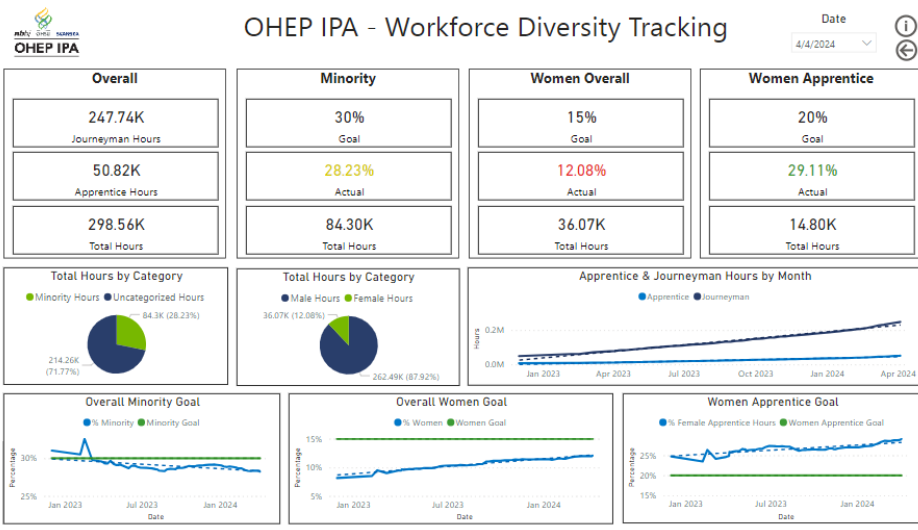
- Opening in Spring 2024 the IPA will include four inpatient units with 128 beds to support oncology and complex surgery; patient parking with 125 stalls; and 4 shelled floors to accommodate future inpatient bed and ancillary services expansion.
- Upcoming construction milestones (design & concrete structure complete):

Interior Construction Starts (Patient floors)	Apr-24
Structural Top out	Jul-24
Bridge Construction	Jul-24 - Mar-25
Exterior Skin Complete	Feb-25
First Elevators Operational	Feb-25
Building Dry-in	May-25
Substantial Completion	Dec-25
Tentative Go-Live	Apr-26



Update on OHEP / IPA (continued)

- The most recent February 2024 cost estimate is \$656.5m against a budget of \$650M, with \$28M remaining in owner's contingency.
- Go-Live Planning is underway across all four workstreams: Operations (Joe Ness); Human Resources (Qiana Williams); Clinical Workflows / Care Models (Renee Edwards & Patrick McCormick); and Faculty Recruitment (Atif Zaman & Elaine King).
- Efforts to center diversity, equity, and inclusion in the IPA construction continue and the outlook is positive. We are tracking project vendor and site workforce diversity and have plans to hit those goals.



Achieving the New Post-Pandemic Equilibrium

- Our financial strategy has been to continuously grow patient activity to meet the needs of Oregon and the Pacific Northwest while spreading fixed costs across a wider base.
- We focus on highly specialized programs that leverage research and draw patients with complex diseases who need AHC-level care from throughout Oregon and beyond.
- Growth requires earnings, investment income & gifts to invest in people, programs, places and things.
- To balance the step-function increase in wages & other costs, we will:
 - Care for each patient promptly in the right setting and cost structure
 - Secure inflation-appropriate payment rates that value our members' contributions
 - Recruit faculty and staff to build programs that sustain excellence and growth
 - Implement rigorous cost savings while increasing capacity and access
 - Hold fixed costs fixed with growth to capture economies of scale
 - Expand revenue sources such as philanthropy and pharmacy services
 - Serve the health & well-being priorities of the State of Oregon (e.g., behavioral health and workforce development) to sustain OHSU's public funding.
- Doing so will protect and enhance OHSU's unique role as Oregon's health sciences university and only academic health center with statutory state-wide missions in education, research, patient care and outreach.



Date: April 12, 2024

To: The OHSU Board of Directors

From: John G Hunter MD, Nathan Selden MD PhD, Brooke Baldwin RN PhD

Title: Managing one of the most valuable resources in Oregon: The OHSU inpatient bed

OHSU Hospital and the State of Oregon have insufficient inpatient beds to meet demand, challenging our ability to offer Oregonians access to the unique services that only OHSU can provide to our state and to the many who depend on the care that we offer. Since the last inpatient unit opened at OHSU in 2009, we have grown our clinical activities by 4.3%/year, adding only an additional 20 beds, a feat we accomplished by converting every possible “nook and cranny” into an inpatient bed space. The demand for these 575 beds has never been greater. While it is clear to anyone who has visited Marquam Hill that a new patient tower is rising from the ground, the 128 additional adult beds will not be ready for another 2 years, at the earliest. Until then we have a difficult problem to cope with.

As the State of Oregon’s only academic health center, we have a duty to provide Oregon’s citizens with care that only can be accomplished at OHSU, and is performed with nation leading quality and outcomes. Unfortunately, today we struggle to provide that care to Oregonians, when it is most needed, when they need urgent treatment for cancer, cardiovascular, neurologic, and other life threatening illnesses. We have many examples of this and will share several at the public board meeting.

Patients who need OHSU care often sit in other hospitals for days (and occasionally weeks) awaiting a bed at OHSU. During that waiting period, their health may further decline, or their physicians may decide to transfer them out of state, to the University of Washington or to the University of California, San Francisco. Not only is this process extraordinarily trying on the patient and their family, it causes distress in our providers, many of whom have trained for years to provide the ultra-focused specialty care needed by that patient. They are anxious to help, and ready to act quickly, but without a bed for the patient, they helplessly wait for a bed to open up, and open up in time. This leads to moral distress, a condition that occurs when a provider knows what needs to be done and is prepared to act, but is unable to do so, because basic resources are not available at the time and place that they needed. Moral distress has been one of the factors contributing to clinician burn out, during and following the pandemic.

Several years ago, before the pandemic, when we saw the “tidal wave” of baby boomers coming along, we embarked on several strategies to meet the growing adult inpatient bed demand. These strategies included the expansion of inpatient beds at our partner sites, the creation of “Mission Control” to manage beds across OHSU Health, and ultimately across the state, the movement of services to outpatient treatment, the “purchase” of beds in a skilled nursing facility (SNF) to offload patients who

are occupying an acute care bed, when they could be cared for in a lower level of care setting (a SNF), and ultimately the planning of the OHSU hospital expansion project (OHEP).

As we designed OHEP, and executed on the strategies to bridge us to its opening, we anticipated an admission mix similar to that we saw in 2019, where only 28% of all admissions came from the emergency room, allowing us to admit the remaining 72% from a mix of the transfer center (~22%), and elective admissions for surgery, medical treatment, or other procedures (50%).

In the aftermath of the pandemic, emergency room admissions increased by 28%, requiring a decrease in elective admissions by 18%, and reducing direct transfers from other facilities by nearly 50%. Now 40% of all patients come in through the emergency room, 16% from the transfer center and 44% are direct admits. With a footprint of 575 beds at OHSU Hospital, this represents a reduction of 69 beds available for patients directly transferred from other hospitals and those admitted electively for the complex, unique, and highly specialized care offered at OHSU.

While the unique services that bring patients for elective OHSU admission are well known (e.g. cancer treatment, high risk pregnancies, cardiac, and neurological procedures) it is less well known what necessitates an inpatient transfer from another hospital. These transfers often represent the greatest need for OHSU care, as these patients usually have a new diagnosis of a serious, often life-threatening condition. In many such cases, the diagnosis made at the referring hospital requires treatment that is beyond their capabilities, so a transfer is requested. These patients need OHSU or another tertiary/quaternary academic medical center.

In some situations, we determine that another tertiary hospital could care for the patient (e.g. St Charles in Bend, or Salem Health) but in many cases these patients need to come to OHSU, so get added to a list for transfer to OHSU when a bed opens. The anxiety created by waiting in queue for a bed at OHSU during a health crisis is hard to measure, often resulting in numerous calls to OHSU members, or friends of OHSU members, contributing to the anxiety and distress of waiting for a bed to become available. Today, the OHSU transfer center is unable to accommodate ~25% of all transfer requests as a result of our capacity challenges.

As we have run out of hospital beds, the Emergency Department has become an additional inpatient unit, housing 25 to 50 inpatients, in exam rooms, in repurposed conference rooms, in the corridor, and elsewhere. While we classify these inpatients as “boarders” to suggest that they will be transferred to a bed when it becomes available, this often does not occur, and they are discharged from the emergency room at the end of their hospital stay.

Several years ago, as the ER exceeded its capacity, we initiated a process to transfer stable patients from our ER to our partner facilities, if they could be cared for at Adventist or Hillsboro. To date, this program has had limited traction as most of the inpatients in our ER are judged to need OHSU hospital services, or the patient or clinician refuses transfer. The demand for admissions out of the ER has created delays and cancellations of much needed surgery (urgent and elective), a queue of patients in other hospitals waiting for a bed at OHSU where they will receive the specialized care that they need, Oregon hospitals transferring patients out of state when an OHSU bed is not available, and the moral distress to our clinicians that ensues.

An additional problem contributing to capacity challenges was an observed increase in our length of stay (LOS) by ~1 day since 2018. While this doesn't sound like a huge problem, an increase in LOS from 6 to 7 means that we can only admit 82 new patients a day, where we had previously been able to admit 96 patients/day, a loss of 14 admissions every day.

The longer length of stay resulted from an increasing complexity of care (measured as case mix index or CMI), and an increased difficulty discharging patients who were not able to be discharged to home (~20% of all patients). These difficulties resulted from a shortage of skilled nursing facility (SNF) beds, a greater load of patients with behavioral health needs, and inadequate or absent housing of our hospitalized patients.

As a result of these capacity challenges and the need to shift back to an admission mix closer to that of 2019, we have embarked on the following strategies:

- 1) Reduction of admissions through the ER- We have developed strategies to move patients from in person ER visits to virtual visits, better use of urgent/immediate care, and improving our capability to care for a greater variety of patients in our partner hospitals through the development of new consultation services.
- 2) Reduction in LOS – Through the use of several care management strategies, and work by a state taskforce to increase SNF bed availability, we plan to reduce our length of stay by at least ½ a day.
- 3) Allocation of beds to the service lines associated with the specialty care that OHSU uniquely provides (e.g. cancer, neuro, cardiac, complex surgery). Plans are in evolution to insure that OHSU is able to accommodate these patients, on a daily basis, reducing transfer declines significantly and opening beds for elective admissions.



OHSU capacity management: A crisis of scarcity

JOHN HUNTER, EVP AND CEO, OHSU HEALTH
NATE SELDEN, INTERIM DEAN, OHSU SCHOOL OF
MEDICINE

4/12/2024

BROOKE BALDWIN, CHIEF NURSE EXECUTIVE



Capacity constraints impact:

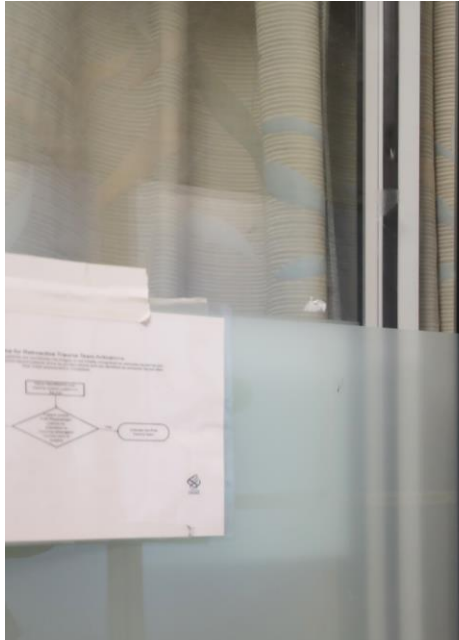
- Patient access
 - Patient experience
 - Wellbeing of care teams
 - Quality
 - Safety
-
- Capacity constraints challenge OHSU's ability to deliver on its mission as Oregon's academic health center

- OHSU historically at 95% or higher capacity & effectively full for 20+ years
- Used to be able to manage through – what has changed?
 - Increased demand (aging population)
 - ED admissions on the rise
 - Length of stay on the rise
 - Limited discharge/post-acute options
 - Labor-demic

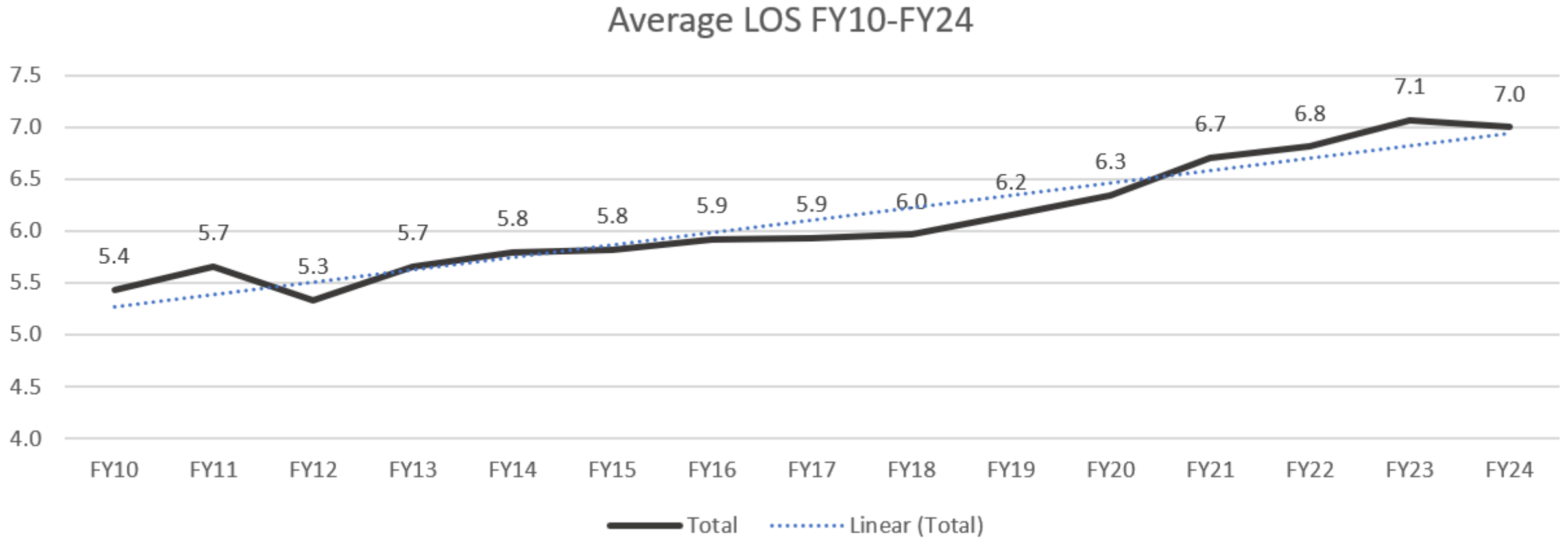
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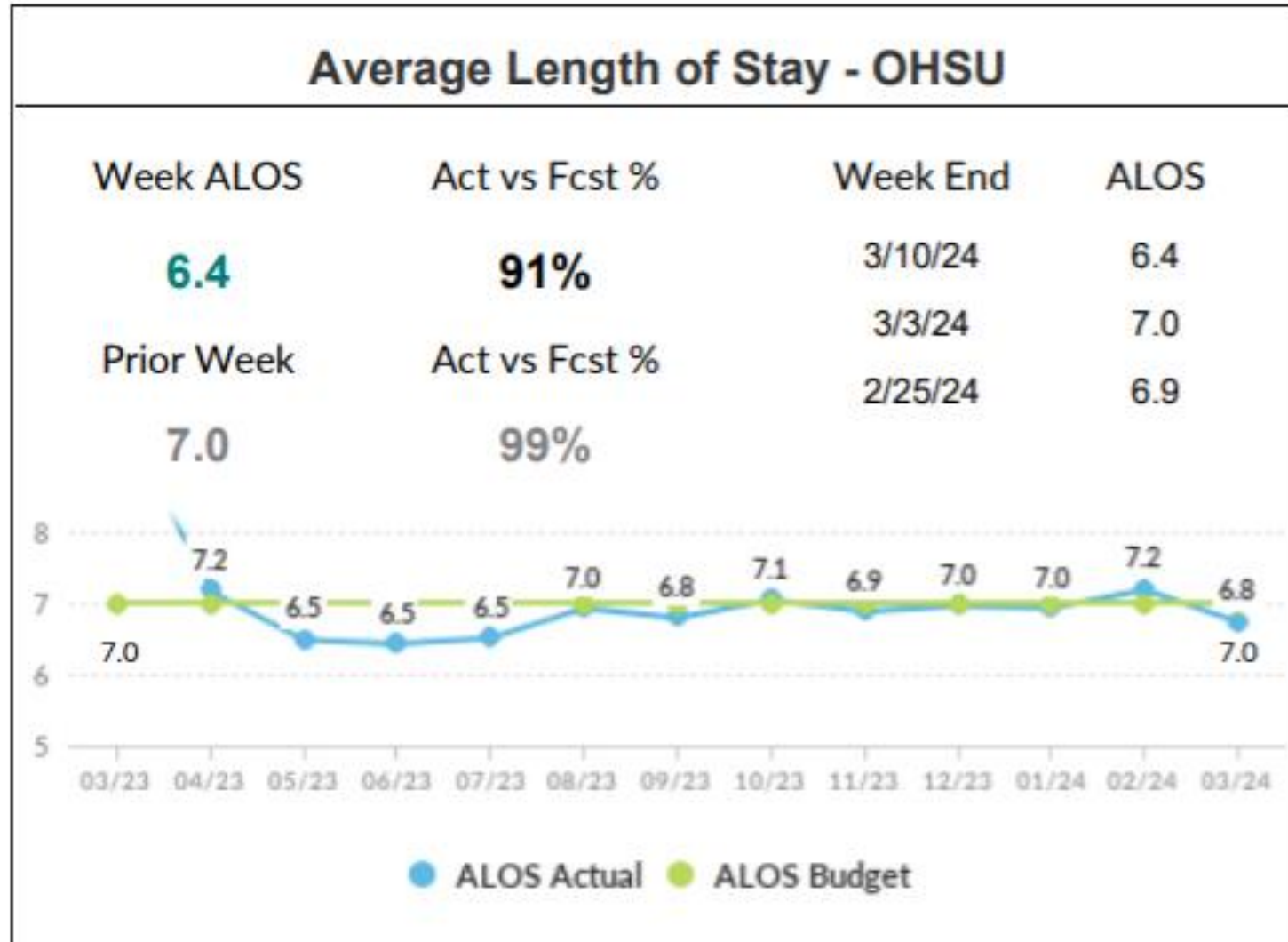
ED beyond capacity



Length of stay on the rise



IFP Capacity Management Workstream Tactic 1: Manage OHSU Health capacity to optimize patient care needs while aligning healthcare services and staff across the system



Discharge and post-acute challenges

Top Reasons for avoidable days at OHSU:

- Shortage of RN-staffed skilled complex medical & behavioral beds
- Medicaid 20-day SNF Benefit
- Hemodialysis chairs
- Shortage of Public Guardians
- Behavioral Health / Mental Health / Substance Use Disorder bed shortage
- Significant delay in Medicaid funding for long-term care & delays in licensing Adult Family Home (AFH) care facilities due to negotiation with DHS for appropriate rates

High demand for OHSU through Transfer Center and increasing declines

Transfer Center Data 12/11/23 - 4/10/24

Request Outcome	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	Total
Accepted	439	581	575	595	181	2371
Direct Admit	50	98	85	94	38	365
Referring Facility Canceled	116	160	135	138	30	579
Decline (Capacity)	41	58	35	36	19	189
Total	646	897	830	863	268	3504

Unmet demand across OHSU

BOARDS FACILITY VIEW Hospitals: OHSU

1 Filter(s) Applied, Hospitals: [OHSU] Displaying 96 of 96 patient(s) CLEAR FILTERS

ED 36					
TIME	PATIENT	LOC	SERVICE	BED STATUS	
6d 9h		5B85B8	Gen Med	4	
5d 11h		AC2828	Gen Med	4	
4d 12h		OFOF02	Internal Med	0	
3d 1h		5B35B3	Fam Med	4	
3d 1h		AC2525	Fam Med	4	
3d 0h		AC3131	Fam Med	3	

EXPECTED ADMISSIONS 36					
TIME	PATIENT	LOC	SERVICE	BED STATUS	
11h 53m		11PP09	Cardiology	1	
11h 53m			Cardiology	1	
11h 53m		11PP01	IR	3	

OVERFLOW 5					
TIME	PATIENT	LOC	SERVICE	BED STATUS	
1d 18h		6A		0	
18h 45m		6A		0	
17h 37m		6A		0	

ICU STEP DOWN HOLDS 18					
TIME	PATIENT	LOC	SERVICE	BED STATUS	
7d 18h		7NS021	Gen Med	3	
2d 5h		7NS091	NSU	3	
2d 3h		7NS121	NSU	3	

PACU HOLDS 1					
TIME	PATIENT	LOC	SERVICE	BED STATUS	
53m		CHPL12	ENT	3	

- ED boarding census
- Wait time for beds
- Overflow area census and duration
- ICU downgraded patient waiting for acute care beds



Strategies to address capacity crisis

- Reduction of admissions through the ED
- Reduction in length of stay
- Double down with partners to build programs, transfer patients appropriately – right care, right time, right place
- Allocate beds to the service lines associated with the specialty care that OHSU uniquely provides
- Explore opportunities for AI solutions



Questions?



Thank you



Date: 4/8/2024

To: OHSU Board of Directors

From: Bonnie Nagel, PhD

RE: Board Presentation for 4/19/2024 Meeting

This presentation will provide an overview of the youth mental and behavioral health crisis, offer some thoughts on factors underlying the escalation of mental and behavioral health problems in youth, and detail some of the efforts of the OHSU Center for Mental Health Innovation (CMHI) in addressing these challenges.

Transforming
youth mental
health through
innovation &
discovery

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Oregon Health & Science University

April 8, 2024

The Crisis and Need for Urgent Help

Poor mental health impacts not just individuals, but society

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

[Home](#) / [Advocacy](#) / [Child and Adolescent Healthy Mental Development](#) / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

The New York Times

Aug 30, 2019
Inside the Adolescent Mental Health Crisis

Forbes

The Kids Are Not Alright:
New Report Shows
Pediatric Mental Health
Hospitalizations Rose 61%

WSJ OPINION

The Student Mental Health Crisis

Generation Z discusses the rise in depression and anxiety of the past years.

More kids are anxious but fewer are getting the right help, study shows

By Madeline Holcombe, CNN
Published 12:01 AM EDT, Wed June 7, 2023

Children languish in emergency rooms awaiting mental health care

BY STEPHEN STOCK, APARNA ZALANI, CHRIS HACKER, DILCIA MERCEDES, JOSE SANCHEZ, MICHAEL BOTSFORD
FEBRUARY 28, 2023 / 8:02 AM / CBS NEWS



CHILDREN'S HEALTH

The U.S. surgeon general issues a stark warning about the state of youth mental health

December 7, 2021 · 12:44 PM ET

As new data shows kids in a mental health crisis, parents ask, where is the help?

Experts call for a "mental health moonshot" to address the crisis among kids.

By [Katie Kindelan](#) [GMA](#)

May 1, 2023, 1:01 AM



Parents see own health spiral as their kids' mental illnesses worsen

• CBS NEWS
HEALTH
WATCH

BY RENUKA RAYASAM
AUGUST 9, 2023 / 5:00 AM / KFF HEALTH NEWS



Why is There a Crisis?

The current state is a perfect storm for kids

Unprecedented
Stressors

Societal Lack of
Distress Tolerance

Successful
Destigmatization
Efforts

Unprecedented Demand

Provider
Shortage

Not enough
scientific
discovery/new
treatments

Lack of use of
existing technology
and innovation

Not bringing
science into
care rapidly

The Current State of
Mental Health Care



But let's
imagine...

Addiction

ADHD

Anxiety

Bipolar
Disorder

Depression

Suicide

OHSU Center for Mental Health Innovation (CMHI)

Our mission is to advance scientific discoveries in mental health and *rapidly* translate those into real-world practices, thereby propelling the transformation of mental health care and improving lives.

CMHI Work Today

01 Discovery

The Center's most robust program, with 11 world-renowned investigators leading labs uncovering the origins of mental health conditions and their neurobiological, psychological, environmental, and genetic mechanisms of action

02 Translation

The Center is currently testing the effectiveness and precision of new treatments and validating the accuracy predictive diagnostic and prognostic algorithms for clinics

03 Actualization

Our biggest area of opportunity is to ensure our innovative translation of scientific discovery can be integrated into standard mental health care practices and prevention efforts

Some of our findings

- Mindfulness-Based Cognitive Therapy (MBCT) reduces post-partum stress and improves infant outcomes
- Vitamin C supplementation combats inflammation and reduces maternal anxiety and infant negative affect
- Novel nutritional treatment reduces irritability symptoms in children with ADHD
- Distress tolerance helps to explain the relationship between childhood trauma and adult depression – now working to identify and test interventions to improve distress tolerance in youth
- New study using neuroimaging to identify individual differences to treatment response to refine precision treatment targets in young adult addiction
- New study testing diagnostic and prognostic algorithms (ADHD, suicide, depression) in the clinic

Our Plan to Get There

CMHI knows what to do **today** and in the **medium-term** to achieve our **long-term** vision

01 Accelerate high-impact discoveries to rapidly translate to improved clinical care

03 Develop a system that interfaces with EHR platform(s) for real-time analytics

Fortify Center Personnel

New Scientific Discovery

Translational Trials

Create the Digital Infrastructure

Actualized Learning Health Care System

02 Expand the scope of our research & clinical teams to enhance and expedite new discoveries

04 Test novel scientific discoveries in clinic to assess outcomes

05 A research-to-clinic feedback loop continuously improving precision medicine; efficiencies increase access to care and improve outcomes

Thank you!



**RESOLUTION NO. 2024-04-05
OF THE BOARD OF DIRECTORS OF
OREGON HEALTH AND SCIENCE UNIVERSITY**

WHEREAS, the role of the OHSU Board of Directors is to provide high-level strategic guidance to OHSU executive management, establish broad overall Board policies, consider and approve the budget and certain major financial transactions, and advocate for the vision and needs of OHSU;

WHEREAS, the Board finds that its service to OHSU is aided by obtaining insight and perspective from the university faculty on those matters that fall within the Board's purview;

WHEREAS, the Board established by Resolution 2015-04-03 an invitation for the OHSU Faculty Senate to provide written comments on the budget, submitted to the Board in advance of the Board's approval of the budget, and an annual report from the Faculty Senate to the Board of Directors; and

WHEREAS, the Board seeks to establish additional vehicles to engage the faculty in active dialogue in order for faculty to be informed by, and to inform, the Board using the following mechanisms.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Oregon Health & Science University that OHSU Board Resolution 2015-04-03 shall be repealed; and

FURTHER RESOLVED, that the OHSU Faculty Senate shall be invited to submit a report and be available for discussion at the at the April 19, 2024 public meeting of the Board of Directors and all future public Board of Directors meetings.

This Resolution is adopted this 19th day of April, 2024, and will be effective on April 19, 2024.

_____ Yeas
_____ Nays
_____ Abstentions

Signed by the Secretary of the Board of Directors this _____ day of April, 2024.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

AAV - Adenovirus-associated virus

ACA - Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010

ACGME – Accreditation Council for Graduate Medical Education

ADA – Americans with Disabilities Act

AFSCME - American Federation of State, County and Municipal Employees. A union that represents OHSU classified employees.

AH - Adventist Health.

AHC - Academic Health Center. A partnership between healthcare providers and universities focusing on research, clinical services, education and training. They are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

AHEC – Area Health Education Centers

AHEC SW - AHEC South West of Oregon located in Roseburg, OR

AHRQ – Agency for Healthcare Research and Quality

AI/AN - American Indian/Alaska Native

AMD - Age-Related Muscular Degeneration is a common eye condition and a leading cause of vision loss among people age 50 and older.

AMP - Antibody-mediated protection clinical trial to prevent HIV acquisition

APP – advanced practice providers

APR - Academic Program Review: The process by which all academic programs are evaluated for quality and effectiveness by a faculty committee at least once every five years.

ARRA - American Recovery and Reinvestment Act of 2009.

A/R - Accounts Receivable. Money owed to a company by its debtors

ART – Antiretroviral therapy

ASF - Assignable Square Feet. The sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use

AVS – After visit summary

A&AS – Audit and Advisory Services

Beat AML - collaborative clinical trial for acute myeloid leukemia

BERG – Black Employee Resource Group

bNAbs – Broadly neutralizing antibody

BRB - Biomedical Research Building. A building at OHSU

BS – Bachelor of Science

CAGR - Compound Annual Growth Rate measures the annual growth rate of an investment for a time period greater than a year

CAO - Chief Administrative Officer.

Capex - Capital expense

CAUTI – catheter associated urinary tract infections

CDI – Center for Diversity & Inclusion

CDI – Clostridium Difficile Infection

C Diff – Clostridium Difficile

CEAH - Cascades East AHEC, located in Bend, OR

CEI - Casey Eye Institute. An institute with OHSU

CFO - Chief Financial Officer.

CHH - Center for Health & Healing Building. A building at OHSU.

CHH-2 - Center for Health & Healing Building 2. A building at OHSU

CHIO – Chief Health Information Officer

CLABSI – Central line associated bloodstream infections

Clery – Clery Act requires colleges and universities to report campus crime data, support victims of violence, and publicly outline the policies and procedures they have put into place to improve campus safety

CLSB - Collaborative Life Sciences Building. A building at OHSU.

CMH - Columbia Memorial Hospital. A hospital in Astoria, Oregon

CMHI – Center for Mental Health Innovation.

CMI - Case Mix Index. Relative value assigned to a diagnosis-related group of patients in a medical care environment.

CMS - Centers for Medicare & Medicaid Services. A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey

and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.

CPI - Consumer Price Index measures the average prices of goods & services in the United States.

CY - Current Year.

DAC- Diversity Advisory Council

DEI – Diversity, Equity, & Inclusion

DEIB – Diversity, Equity Inclusion and Belonging

Downstream referral activity - specialty referrals that generate a higher margin and result from the primary care activity.

Days Cash on Hand - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.

DCH - Doernbecher Children's Hospital. A building at OHSU.

DMD - Doctor of Dental Medicine.

DNP - Doctor of Nursing.

DNV – Det Norske Veritas

E&M – Evaluation and management

EBIT - Earnings before Interest and Taxes. A financial measure measuring a firm's profit that includes all expenses except interest and income tax.

EBITDA - Earnings before Interest, Taxes, Depreciation and Amortization.

ED - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.

EHR - Electronic Health Record. A digital version of a patient's medical history.

EHS – Environmental Health and Safety

EMR – Electronic medical record

ENT - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.

Envelope - HIV surface protein that is the target of bNAbs

EPIC - Epic Systems. An electronic medical records system.

EPMO – Enterprise Program Management Office

ER - Emergency Room.

ERG – Electroretinography is an eye test used to detect abnormal function of the retina.

ERG – Employee Resource Groups

ERM - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

EVP – Executive Vice President

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.

FY - Fiscal Year. OHSU's fiscal year is July1 – June30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.

GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.

GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.

GIP - General in-patient

GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.

GPO –group purchasing organization

H1 – first half of fiscal year

H2 – second half of fiscal year

HAC – hospital acquired conditions

HAI – hospital acquired infections

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

Hospice GIP – Hospice General In-patient

HR - Human Resources.

HRBP – Human resources business partner

HRSA - Health Resources and Service Administration, federal agency under Health and Human Services

HSE – Harvard School of Education

HSPH – Harvard School of Public Health

IA - Internal Arrangements. The funds flow between different units or schools within OHSU.

ICU - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill

IGT - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency

IHI – Institute for Health Care Improvement

IMPACT - International Maternal Pediatric Adolescent AIDS Clinical Trials Network

INR – International Normalised Ratio
IP – In Patient
IPS – Information Privacy and Security
ISO – International Organization for Standardization

KCC - Knight Cancer Center. A building at OHSU.
KCRB – Knight Cancer Research Building
KPI – Key Performance Indicator
KPV - Kohler Pavilion. A building at OHSU.

L – Floor Level
L&D - Labor and Delivery.
LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer
LOI - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.
LOS – Length of stay

M - Million
MA – Medicare Advantage
M and A - Merger and acquisition
MBCT – Mindfulness-Based Cognitive Therapy
MBU - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn.
MCMC - Mid-Columbia Medical Center. A medical center in The Dalles, OR.
MD - Doctor of Medicine.
MOU—Memorandum of Understanding
MPH - Master of Public Health
MRSA – Methicillin-resistant staph aureus

NAPLEX – North American Pharmacist Licensure Examination
NCLEX – National Council Licensure Exam
NCI – National Cancer Institute
NEOAHEC - Northeast Oregon AHEC, located in La Grande, OR
NFP - Not For Profit.

NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.
NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.
NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.
NPS: Net Promotor Score.

NWCCU - Northwest Commission on Colleges and Universities: OHSU's regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

O2 – OHSU's Intranet
OBGYN – Obstetrics and Gynecology
OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.
OCBA – Oregon Commission on Black Affairs
OCIC – Office of Civil Rights Investigations and Compliance
OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.
OCR – Office of Civil Rights Federal Office
OCT - Optical Coherence Tomography is a non-invasive imaging test.
OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.
OHA - Oregon Health Authority. A government agency in the state of Oregon
O/E – observed/expected ratio
OHSU—Oregon Health & Science University
OHSUF - Oregon Health & Science University Foundation.
OHWI - Oregon Pacific AHEC Center located in Lebanon, OR
ONA - Oregon Nurses Association. Professional association for nurses in Oregon.
OPAHEC - Oregon Pacific AHEC Center located in Lebanon, OR
ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.
OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.
OPP – OHSU Practice Plan
OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

Opex - Operating expense

OR - Oregon

OR - Operating Room. A room in a hospital specially equipped for surgical operations.

OSU - Oregon State University.

P – Parking Floor Level

PAMC - Portland Adventist Medical Center.

PARS – Physician Advice and Referral Service

PaWS – Parking and Workplace Strategy

PCLF - Primary Care Loan Forgiveness program. Oregon program that covers tuition in exchange for a service commitment.

Students enroll during the mid-point of their education.

PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

PEP - post-exposure prophylaxis

Perinatal Services – Before and after birth care

PERI-OP – Perioperative. The time period describing the duration of a patient's surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery

PERS - Public Employees Retirement System. The State of Oregon's defined benefit plan.

PET/MRI - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.

PharmD – Doctor of Pharmacy

PHB – Portland Housing Bureau

PPI – Physician preference items

PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.

Prgogrm – Program

PSI – Patient safety intelligence

PSU - Portland State University.

PTO - Personal Time Off. For example sick and vacation time.

PV - Present Value. The current value of a future sum of money or stream of cash flows given a specified rate of return.

PY - Previous Year.

Quaternary - Extension of Tertiary care involving even more highly specialized medical procedures and treatments.

R&E - Research and Education

RAPP – Research Administration Partner Pod

RFP – Request for Proposal

RJC – Racial Justice Council

RLSB - Robertson Life Sciences Building

RN - Registered Nurse.

ROI – return on investment

RPA - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do

RPV – revenue per visit

SAMHSA – Substance Abuse Mental Health

SAVE Act – The Campus Sexual Violence Elimination Act

SBAR – Situation, Background, Assessment, Recommendation

SCB – Schnitzer Campus Block

SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement

SHOI - Students for a Healthy Oregon Initiative. Oregon program that covers tuition in exchange of a service commitment. Students enroll at admission.

SIPP – Suicide Prevention, Prevention, Postvention Plan

SLM – Senior Leadership Meeting

SLO - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.

SMMART - Serial Measurements of Molecular and Architectural Responses to Therapy

SoD – School of Dentistry

SoM - School of Medicine. A school within OHSU.

SoN – School of Nursing

SOPs – Standard Operating Procedures

SPCP – Suicide Prevention Coalition and Partnership

SPH - School of Public Health. A school within OHSU.

SPD - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.

SSI – Surgical site infection

TBD – To be decided

Tertiary - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.

THK – Total hip and knees

TIC – Trauma Informed Care

Title IX - The U.S. Department of Education's Office of Civil Rights enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive federal financial assistance. Title IX states: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

TTBD - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.

UBCI – Unconscious Bias Campus – wide initiative

Unfunded Actuarial Liability - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan.

Represents amount owed to an employee in future years that exceed current assets and projected growth.

UO—University of Oregon

UPP - University Pension Plan. OHSU's defined benefit plan.

URM – underrepresented minority

USMLE – United States Medical Licensing Examination

VAWA – The Violence Against Women Act

VBP – Value-based purchasing

VEC – Vaccine Equity Committee

VGTI - Vaccine and Gene Therapy Institute. An institute within OHSU.

VTE – venous thromboembolism

WACC - Weighted Average Cost of Capital is the calculation of a firm's cost of capital in which each capital category is proportionately weighted.

WMG – Wednesday Morning Group

wRVU - Work Relative Value Unit. A measure of value used in the United States Medicare reimbursement formula for physician services

YoY - Year over year.

YTD - Year to date.