

Oregon Health & Science University Annual Performance Progress Report (APPR) for 2007-2009

2009-11 Budget Form 107BF04c

Agency Mission

ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service.... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3].

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ABOUT THIS REPORT

Purpose of Report

The purpose of this report is to summarize OHSU's performance for the reporting period, how performance data are used and to analyze agency performance for each key performance measure legislatively approved for the 2007-2009 biennium. The intended audience includes OHSU managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in OHSU's performance measure development process and how OHSU is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes OHSU's progress in achieving each performance measure target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **Key Performance Measures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well OHSU is achieving its mission and goals. OHSU has additional, more detailed measures for internal management.**

Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported. There are a few measures for which we are developing baseline data.

OREGON HEALTH & SCIENCE UNIVERSITY

TABLE OF APPROVED MEASURES

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Contact: Lesley M. Hallick, PhD, Provost and Vice President for Academic Affairs	Phone: 503-494-4460
Alternate: Nancy P. Goldschmidt, PhD, Associate Vice Provost	Phone: 503-494-1445

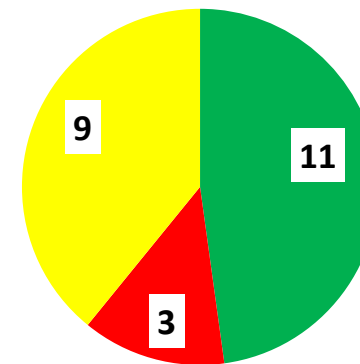
1. SCOPE OF REPORT

• OHSU programs/services addressed by the key performance measures

OHSU's services fall into four categories: education, research, clinical care, and public service. The current key performance measures address aspects of each category, but with most emphasis on the education component because that is primarily what is funded by the state general fund appropriation. Within the broad category of education are measures related to access to the professional programs for in-state residents, degrees and certificates produced in critical workforce shortage areas (health professions, nursing faculty and science researchers), and student learning outcomes as measured by student pass-rates on professional licensure exams. Under research, we address our competitiveness in the current shrinking environment for federal funds to support research. Within the broad category of clinical care are measures related to the effectiveness and efficiency of health care services provided by OHSU Hospital and Clinics including three patient experience ratings (two subjective and one objective) against two comparator groups and the volume of coordinated care and services provided to very vulnerable patient populations and their families. Within the broad category of community service and public outreach, we address the effectiveness of the Oregon Poison Center, participation of MD students in clinical rotations in underserved communities in Oregon so students experience physician life in areas beyond Portland, where the OHSU School of Medicine is located. In addition, meeting Oregon's statewide workforce needs addresses the public service component of OHSU. OHSU is dedicated to improving the distribution of health care providers and services in rural and urban underserved areas in Oregon and to the development of an adequate K-12 science and health career pipeline. In addition to these measures, OHSU tracks its financial health and resource stewardship by tracking its annual net income against a rolling five-year financial plan.

OHSU Performance Summary

■ Making Progress ■ Not Making Progress ■ Unclear



• Agency programs/services, if any, not addressed by key performance measures

OHSU Vision 2020 now maps our course toward greater efficiency, collaboration and overall excellence in fulfilling our mission of healing, teaching, discovery and community service. *Vision 2020* was adopted by the OHSU Board of Directors on October 30, 2007. It builds on recent achievements and identifies new priorities. It guides our decision-making when faced with serious challenges, such as the loss of the cap on tort liability in December 2007, and focuses our efforts to help meet Oregon's healthcare workforce needs and improve the health and well-being of all Oregonians. *Vision 2020* reflects and reinforces our commitment to transparency, service excellence, diversity and quality.

Some of the strategic plan's action steps have already been implemented, and many are in progress. A few of the plan's strategies have been put on hold until necessary resources are available. OHSU reaffirms its commitment to Oregon to produce the highest level of outcomes in health care education, research,

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clinical care and public service necessary to ensure Oregon’s competitiveness in the globalizing knowledge economy through the articulation of six broad goals:

- Be a great organization, diverse in people and ideas.
- Develop and retain a faculty that will collaborate to drive excellence and innovation across OHSU.
- Join others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians.
- Help meet Oregon’s workforce needs in the health and science professions through innovative strategies such as regionalization, academic partnerships, distance learning and interdisciplinary approaches.
- Align OHSU enterprises to support sustainable innovation.
- Build financial wherewithal for the long-term advancement of all our missions.

OHSU’s focus on greater efficiency, collaboration and overall excellence is reinforced by its own internal culture as well as external environment. This focus requires the use of indicators of performance throughout the university and its units. For example, the accreditation organizations for hospitals and healthcare professions review metrics and rate the performance of the OHSU Hospital and Clinics as well as the professional programs of the Schools of Medicine, Dentistry, and Nursing, and the Allied Health programs. The Oregon Office of Rural Health applies standards and metrics to improve the health system in rural communities and ensure access to high quality care for Medicare beneficiaries. The units within centralized services and administrative support units have performance indicators tied to larger tactics outlined in *Vision 2020*.

Some of the gaps identified by OHSU include direct measures of OHSU’s research productivity (such as total R&D expenditures and average per OHSU faculty), OHSU’s contribution to the science workforce, including researchers working in different sectors of the economy, and the impact of OHSU on Oregon’s economy.

2. THE OREGON CONTEXT

The Oregon Health & Science University has a direct impact on Oregon Benchmark 26 (college completion) and OMB 7b (R&D in academia) and an indirect impact on OBM 39-46 (clinical excellence and healthy Oregonians), OBM 4 (net job growth), OBM 11 (per capita income) and OBM1 (employment in rural Oregon). OHSU addresses the societal need for healthy Oregonians in every region of this state. Oregon Health & Science University is a statewide institution with a 98,000 square mile campus. As part of a strategic planning initiative noted above, OHSU spent a year gathering input from all areas of OHSU and from stakeholders throughout Oregon.

In pursuing activities and initiatives toward these Oregon benchmarks, OHSU has worked with our education partners in the state. OHSU partners with other public, postsecondary institutions in Oregon to provide access to high quality educational programs through the State Board of Higher Education’s working groups, the Office of Community Colleges and Workforce Development, and the Oregon Student Assistance Commission. These collaborations have resulted in, among other partnerships and joint programs, a collaborative capital proposal from the Oregon University System for a life sciences building on the South Waterfront that would include both education and research programs as well as incubator space for startup companies in the biosciences. Participants include OHSU, Portland State University, Oregon State University, the University of Oregon, and the Oregon Institute of Technology.

Connections to the business community are maintained through connections to various businesses organizations, either as participants or serving on advisory boards. In addition, OHSU works with civic and business leaders in the City of Portland in the redevelopment of the South Waterfront District and expansion beyond the campus borders on Marquam Hill to meet the needs of the Portland metropolitan area and the entire state.

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OHSU is working more closely with Oregon bioscience companies to collaborate on projects, either through basic research or testing, in furthering the development of potential commercial products. OHSU's Office of Technology & Research Collaborations manages industry collaborations and research commercialization for the purpose of developing new medical therapies, diagnostics or devices that benefit the general public.

3. PERFORMANCE SUMMARY

We rate results MAKING PROGRESS for 11 KPMs: NURSING ACCCESS (page 12), NURSING COMPLETION (page 13), PHYSICIAN WORKFORCE (page 16), NURSING FACULTY (page 18), DMD PROFESSIONAL COMPETENCE (page 19), MD PROFESSIONAL COMPETENCE (page 20), NURSING PROFESSIONAL COMPETENCE (page 21), NIH ENVIRONMENT (page 22), OREGON POISON CENTER (page 25), CDCR SERVICES (page 26), and RURAL HEALTH FUNDS (page 32).

We rate results as NOT MAKING PROGRESS for three KPMs: DMD ACCESS (page 10), MD ACCESS (page 11), and "BOTTOM LINE" or net income (page 28). With the Governor's and legislators' support for the investment in building nursing capacity through partnerships with Oregon's community colleges and OUS universities, we expect the nursing workforce gains to be realized as these students matriculate and complete their education programs. The net income decline was the result of two external events: (1) the Oregon Supreme Court decision in December, 2007, that effectively eliminated the liability cap on tort claims and resulted in an immediate increase in the cost of insurance, and (2) the failure to realize an anticipated land sale on the West Campus in Hillsboro due to the declining real estate and condominium market.

We rate results UNCLEAR for nine KPMs: TOTAL DEGREES (page 14), DMD WORKFORCE (page 15), NURSING WORKFORCE (page 17), CLINICAL CARE QUALITY/PATIENT EXPERIENCE (pages 23 and 24), HOSPITAL MORTALITY (page 27), MD CLINICAL ROTATIONS (page 29), RURAL PRECEPTORS (page 30), RURAL K-12 PIPELINE (page 31). Total degrees and certificates awarded are slightly below projections due to (a) realignment of the Oregon Graduate Institute's engineering and computer science programs with the biomedical program and research focus of OHSU that resulted in the transferring of some programs (with faculty and students) to Portland State University and (b) students taking a term beyond the data collection period to complete degrees. The number of community physicians serving as preceptors in rural, underserved areas declined slightly and were augmented by several physicians practicing in underserved urban areas. The AHEC federal charge for AHECs includes both rural and underserved urban areas.

4. CHALLENGES

In a state whose population has increased by 42% or over 1 million persons since 1980, there is an increasing need for health care professionals. The Oregon Health & Sciences University plays a vital role, training the next generation of Oregon's physicians, scientists, dentists, and nurses in nationally ranked higher education programs. OHSU provides the only graduate health education within 300 miles of its major urban area, Portland. OHSU is Oregon's premier biomedical research university.

Projections predict severe shortages of health care professionals and faculty. There are several reasons for this—mainly demographic: 1) as the Oregon population ages there will be increased demand for health care services, 2) the healthcare workforce is also aging and thus retiring at the same time, 3) new technologies can provide better diagnostic and treatment techniques, 4) the production of healthcare graduates has been flat over several decades, a phenomenon further exacerbated by the fact that Oregon graduates approximately half the number of physicians and dentists per capita than the national average, and several of the states surrounding Oregon do not have Medical or Dental Schools.

Oregon's quality of life and economic vitality require access to a quality physician workforce. Oregon does not have the physician workforce necessary to support sustainable health care reform and equitable access, and without intervention, Oregon's health care access crisis will worsen dramatically. Oregon does not have the capacity to produce enough health care providers for its population; therefore, we are an importer of physicians, dentists and other health care professionals. We must also work to retain them, and this is particularly true in rural Oregon. This presents a challenge as medical, nursing and dental

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students tend to practice in the states in which they either earned their degrees, or received their residency training. The capacity for both components of physician training is severely constrained.

With the pending shortages of health care providers in Oregon, our neighboring states and many countries, Oregonians are already experiencing reduced access to health care providers and services, but this is merely the tip of the iceberg relative to the shortage anticipated as the demographic wave of population over 65 begins to arrive with their sharply increased utilization of both inpatient and outpatient health care systems. For Oregon, health care workforce discussions require focusing on two related, but different issues of workforce size and workforce distribution. Oregon's population is distributed densely along the I-5 corridor and Bend/Redmond corridor, but sparsely throughout the rest of the state. OHSU's Policy Option Packages supporting innovative delivery of academic programs are critical to addressing some of these challenges.

The Supreme Court decision lifting the limitations on the tort cap liability has been felt throughout the University. Finding an adequate resolution that balances the risks and interests of all constituents is critical to OHSU's financial stability. OHSU must continue to generate adequate financial resources to meet future needs. The federal grant environment has slowed and shifted focus since 9/11/2001. Nevertheless, OHSU's School of Medicine now ranks 19th among 128 public and private medical schools in funding from the National Institutes of Health. The competitiveness and talent of OHSU's faculty can be attributed to the impact that the Oregon Opportunity, which was funded in the 2001 legislative session, has had on OHSU's recruitment and retention of talented faculty researchers. As competition continues to escalate among research universities, OHSU must foster a culture that facilitates innovative thinking and interdisciplinary collaboration to hold onto its talented researchers. Competition for research faculty is worldwide. OHSU will strengthen existing, and explore new, strategic alliances with Oregon State University, University of Oregon and Portland State University as well as government and the private sector so the state of Oregon operates from a competitive position in the global knowledge economy. Continued investment is needed to build capacity to produce a talented workforce that matches the growing needs of the state (health care professionals, scientists and researchers, and leaders of research institutions). The longer-term disinvestment in the academic programs and the lack of state funding increases to keep pace with Oregon's growing need for nurses, physicians, dentists, physician assistants and other health-related occupations means OHSU is holding production constant or even modestly increasing it when demand is escalating much more rapidly.

During the 2007 legislative session, the governor and legislature significantly increased funding for the nursing programs at both the undergraduate and graduate levels. Continued investment in these nursing programs and new investments in the MD program are necessary. The increase in funds for nursing medicine and AHEC in the 2007 Session will begin to alleviate some of the workforce pressures, but does not deal with the immediate and severe pressure on OHSU's bottom line.

5. RESOURCES USED AND EFFICIENCY

Financially, OHSU divides its operations into two parts -- the hospital, or clinical operations, and the university, which includes research and medical school operations. In recent years, the hospital has generated a positive net income; however, the university or academic programs operate at a significant deficit.

OHSU's annual operating budget is \$1.4 billion. With this money each year the university funds more than 12,400 jobs, educates over 3,500 students and trainees, and generates more than \$3 billion in annual regional economic activity. In an average year, OHSU treats more than 175,000 patients at its hospitals and clinics and subsidizes more than 200 community outreach services. The majority of OHSU's revenue relates to patient care, however, the university receives approximately 3.5% of its operating budget (\$42 million) in a grant from the State of Oregon. State appropriations primarily are used to help support the educational programs in the schools and hospitals. The state grant also provides some assistance for the programs of CDRC (Children's Development and Rehabilitation Center), which provides statewide clinical services for children with special health care needs. As a leader in biomedical research, OHSU earned \$307 million in research funding in fiscal year 2007, with 94 percent of that money flow into Oregon from out-of-state. Additionally, OHSU serves as a catalyst for the region's bioscience industry and as an incubator for discovery. OHSU averages one new breakthrough or innovation every three days, with more than 4,100 research projects currently underway. OHSU disclosed 132 inventions in 2007, many of which open new markets, spin-off new businesses and create new opportunities.

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Facing Financial Challenges

The university historically has been the largest provider in the state of unfunded but needed services to low-income, vulnerable and underserved populations. These public services add costs that greatly exceed the reimbursement the institution receives, and their future will rely on multiple sources of support and a shared statewide commitment. Likewise OHSU's continued subsidization of its education programs is also at risk in a constrained funding environment.

Return on Investment

For every dollar the state invests, OHSU earns another \$32 in gifts, contracts and service funds. This same dollar grows exponentially as OHSU's employees, students and trainees each generate another \$64 in regional activity. OHSU employees return \$45 million back to the state each year through income and payroll taxes.

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The following questions indicate how performance measures and data are used for management and accountability purposes.

<p>1 INCLUSIVITY Describe the involvement of the following groups in the development of OHSU's performance measures.</p>	<ul style="list-style-type: none"> • Staff: President Robertson and the Executive Leadership Team (ELT) focus on metrics for tracking performance over time and benchmarks against comparison groups as a basis for overall strategic planning and developing improvement plans against resources available. The use of performance indicators for setting direction and evaluating results is an integral part of the Vision 2020 Strategic Plan. The plan, approved by the Board in late 2007, is currently under review as a part of the annual update process, which will result in an assessment of progress made to date and any changes that will be recommended to the Board. • The ELT reviews the results and targets of the various enterprises to provide feedback to enterprise heads. The KPMs aligned with the state budgeting process are one of many quality improvement and accountability systems designed to be responsive to state and federal government requirements, requirements of accrediting agencies and professional standards. The KPMs are housed in the different enterprise groups including Vice President for Academic Affairs and Provost Lesley Hallick, Vice President Peter Rapp, Director of OHSU Hospitals, Brad King, VP and Chief Financial Officer of OHSU; and Steven Stadum, Executive Vice President. • Elected Officials: Legislators and legislative staff have been highly involved in the process of selecting performance measures that communicate the outputs, outcomes and efficiency of OHSU services purchased by the state. The current set of Key Performance Measures was approved by the 2007 Legislature as a part of the OHSU budget bill. • Stakeholders: Customer groups have the opportunity to provide feedback and evaluate OHSU's performance. Several KPMs and other key performance indicators are based on surveys of patients. Student surveys are also a key component of the ongoing assessment of educational programs.
<p>2 MANAGING FOR RESULTS How are performance measures used for management of OHSU? What changes have been made in the past year?</p>	<ul style="list-style-type: none"> • Each of the three mission areas as well as the units in centralized services have been developing performance metrics to manage day-to-day programs and work processes as part of the development of five-year fiscal plans and other planning efforts. Each of the major units is developing appropriate systems for collecting and analyzing data. Some are using simple spreadsheets, but other units, such as research and human resources, require more sophisticated information technology. There is some overlap in the KPMs and the unit-level performance metrics.
<p>3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?</p>	<ul style="list-style-type: none"> • The President, vice presidents, deans and other administrative staff participated in training sessions about the Oregon Benchmarks, key performance measures and the recommendations of the Governmental Accounting Standards Board for service efforts and accountability reporting. • For other performance metrics, as reflected in the quality effort in the Hospital, physicians and other health care providers are being trained regarding developing surveys, determining statistical and practical significance of the results, interpreting the meaning of results, prioritizing areas for improvement, designing improvement plans and evaluating results. This ongoing cycle is characteristic of the majority of operations at OHSU, with the goal of having it be characteristic of all.

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4 COMMUNICATING RESULTS
How does OHSU communicate performance results to each of the following audiences and for what purpose?

- **Staff:** We have published a biennial report for the last 12 years and will continue to share performance information through this publication. In addition, during interim periods, the metrics are collected and shared with the ELT and the appropriate units within the institution. The OHSU Board has directed the development of a dashboard set of metrics that would be available on a continuous basis as early warning indicators of performance. There is considerable overlap between the two efforts, although the Board metrics are more comprehensive on both the patient care and fiscal market aspects of the institution.
- **Elected Officials:** The OHSU Report to the Legislature produced every two years is the primary vehicle through which OHSU's accomplishments have been communicated. KPMs are used to support the development of policy.
- **Stakeholders:** The OHSU Board of Trustees discussed the performance results. Several publications are prepared to share results and accomplishments with stakeholders. They are updated every two years.
- **Citizens:** Several publications are prepared to share results and accomplishments with stakeholders. They are updated every two years.

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KPM # 1	DMD ACCESS Percent of first-year dental school positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

OHSU’s nationally-ranked School of Dentistry provides the only portal in the state for training Dentists, many of whom stay in the state to practice. Indeed more than 75% of the Dentists practicing in Oregon today, trained at OHSU.

2. **ABOUT THE TARGETS**

The targets are set based on the base capacity of the DMD program of 75 first-year dental school positions (cohort). Due to the changes in the allocation of General Fund to the School of Dentistry, the targets have been revised for FY10 and beyond.

3. **HOW WE ARE DOING**

In 2007, the rate of residents filling first-year positions in the Dentistry DMD program was 75%. In 2008, in-state students made up 60% of the entering cohort. This is because there has been a decrease in the number of qualified Oregonians applying to the program. In 2005, the Oregonian applicant pool was 166. In 2009 there is an Oregonian applicant pool of 124, only 11% of the total applicant pool.

4. **HOW WE COMPARE**

OHSU admits a smaller proportion of resident students compared to public dental schools in neighboring states. For the 2007-08 entering class, UCLA admitted 85% residents, UCSF admitted 67% residents, and the University of Washington admitted 80% residents. The entering dental cohort is 80 at UCSF, 55 at UW, 144 at the University of Southern California (private), and 165 at University of Pacific (private). Surrounding states – Idaho, Montana, Utah, and Wyoming – do not have dental schools.

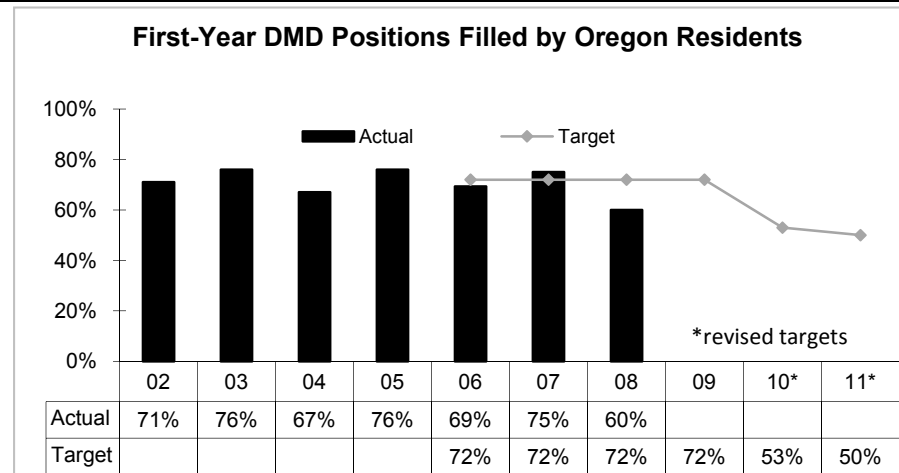
5. **FACTORS AFFECTING RESULTS**

The size of the entering class and proportion of residents are constrained by state funding per student that is among the lowest in the country. Reduced state support has resulted in higher tuition for dental students and restricts OHSU ability to contribute to the dental workforce shortage.

6. **WHAT NEEDS TO BE DONE**

A healthy state depends on an adequate supply of well-educated and well-trained health professionals, including dental faculty. The declining ratio of dentists to Oregon’s population, which mirrors US trends, places at risk the overall health of Oregonians. The national dental faculty shortage is due to several factors including: annual 10% turnover rate among faculty, vacancies due to lack of response to position announcements, budget/ salary limitations and impending retirements in the next 10 years – the mean and median ages of dental faculty are 52. Dental faculty recruitment and retention are critical to sustaining Oregon’s high quality program.

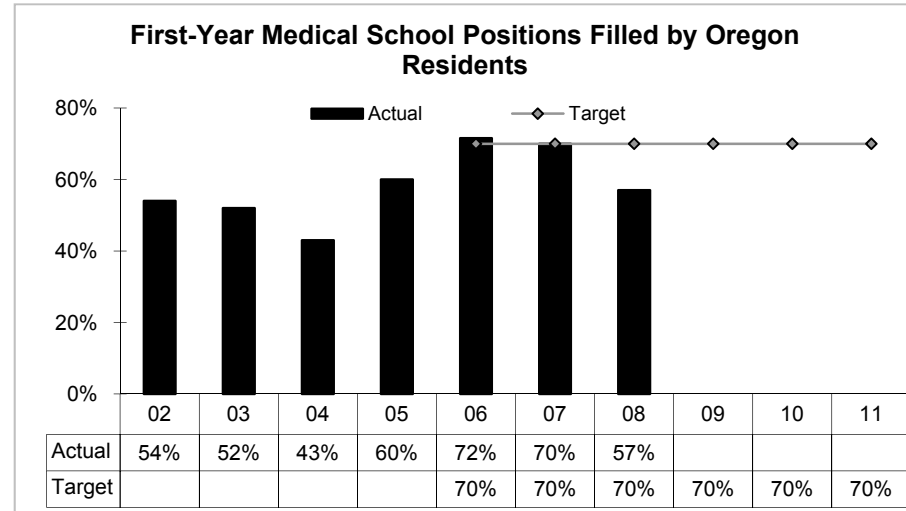
7. **ABOUT THE DATA** The data are based on fall headcount enrollment.



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KPM #2	MD ACCESS Percent of first-year medical school positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESSSS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

- OUR STRATEGY**
Increase access to Oregon’s only medical school by making the program affordable for Oregon residents.
- ABOUT THE TARGETS**
The target reflects substantial higher proportion of the entering class of 120 to be Oregon residents.
- HOW WE ARE DOING**
In 2007 the School of Medicine hit its target of 70% Oregon residents in its first-year medical school class. This percentage dropped in 2008 due to a change in the applicant pool and a emphasis being placed on diversity and joint MD/PhD and MD/MPH applicants. In coming years, we will work to balance our goals such that the percentage of Oregonians stays at approximately 70%.
- HOW WE COMPARE**
In 2004-05, the national average of first-year students in public medical schools that are state funded was 86% (range 31%to 100%).
- FACTORS AFFECTING RESULTS**
In 2008-09, Oregon residents enrolled in the first-year MD program will pay \$30,504 in tuition, compared to \$17,427 at the University of Washington and \$25,262 at the University of California. Oregon’s resident students will pay 75% more than Washington’s resident students and 20% more than California’s residents to go to medical school in their home states. The average debt load of a graduating medical student is more than \$150,000. This figure is daunting even for those earning the estimated mean physician income of \$216,000, and it can take years for younger doctors to reach that income level. Many primary care physicians or rural physicians earn about 30 percent less the average. The price prevents students from low-income/minority from attending medical school at a time when physician diversity is necessary to address the needs of heterogeneous, multicultural patient populations.
- WHAT NEEDS TO BE DONE**
The high cost of medical education is a national issue. Initiatives in the US include loan forgiveness programs based on student need for physicians who practice in underserved areas as well as state scholarships based on merit for students.
- ABOUT THE DATA**
The data are based on fall headcount enrollment.



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KPM #3	NURSING ACCESS Percent of first-year nursing positions filled by Oregon residents.	Measure since: 2007
Goal	ACCESS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Offer public access to baccalaureate-level preparation in nursing, an occupation with outstanding job opportunities, to address Oregon’s workforce shortage of highly educated nurses.

2. **ABOUT THE TARGETS**

The performance is already high and the targets are set to sustain this high performance.

3. **HOW WE ARE DOING**

In 2007, the percent of first-year nursing students in OHSU bachelor-level nursing program filled by Oregon residents was 88%, down slightly from the prior year and 5 percentage points below the target of 93%. In Fall 2008, the percentage of resident first year students was on target at 93%.

4. **HOW WE COMPARE**

Nursing students, somewhat similar to teachers and social workers, tend to seek education and subsequent jobs close to home. This is typical of nearly all bachelor-level nursing programs in the United States and is true of our neighboring states.

5. **FACTORS AFFECTING RESULTS**

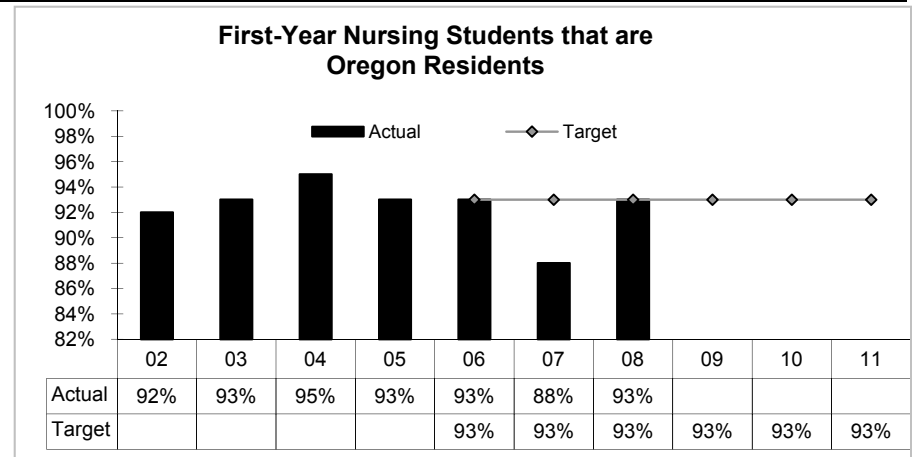
Students are selected for the nursing program based on rigorous admission criteria, with high overall GPAs and mathematics and science GPAs. The quality of the K-12 pipeline and quality of partner programs affects the proportion of in-state residents. OHSU provides outreach to K-12 to build an adequate mathematics and science pipeline. Other factors include tuition and fees increases and the lack of scholarships available to support nursing students. Tuition for bachelor-level students increased by 30% in 2007 and increased again by 20% for the 2008-09 year. This need to increase tuition by 50% in a two-year period is a significant barrier to attracting Oregon students. The high public tuition can prevent students from low-income/minority and those with other financial responsibilities from advancing in the career pipeline at a time when nursing diversity is necessary to address the needs of heterogeneous, multicultural patient populations and a bachelor’s degree is needed to develop as a highly qualified nurse.

6. **WHAT NEEDS TO BE DONE**

In order to attract Oregon residents to OHSU’s Bachelor of Science with a major in nursing program we need to examine the tuition and fees for resident students, increase our efforts to secure student scholarships, and strengthen relationships with health systems to provide Oregon student support in achieving a BS degree.

7. **ABOUT THE DATA**

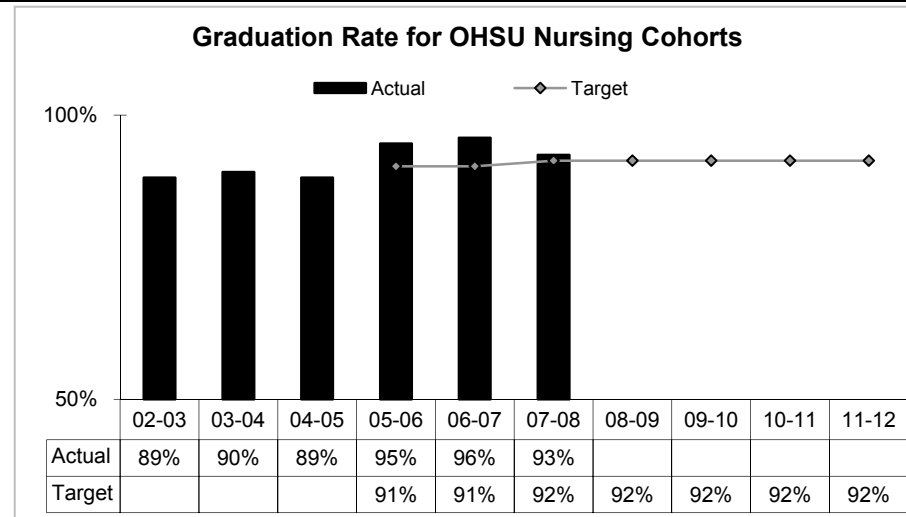
The data are based on fall headcount enrollment.



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KPM #4	NURSING COMPLETION Percent of nursing student cohorts completing bachelor's degrees.	Measure since: 2007
Goal	NURSING COMPLETION – Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs.	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Special run of IPEDS completion data, March 2006.	
Owner	Cherie Honnell, Director, Student Financial Aid and OHSU Registrar, 503-464-5117	

- OUR STRATEGY**
Ensure quality of highly educated nurses by providing curriculum and clinical experiences that reflect criteria for excellent and thorough nursing education.
- ABOUT THE TARGETS**
These targets are set based on trends of nursing cohorts enrolled in the bachelor degree programs at all five of the OHSU SON campuses: Ashland, Klamath Falls, La Grande, Portland, and Monmouth (beginning Fall 2008).
- HOW WE ARE DOING**
The bachelor's degree completion rate for nursing students is between 93-96%, which is very high.
- HOW WE COMPARE**
When compared to OUS bachelor's completion rates, the OHSU nursing cohort graduates have a higher graduation rate than both OUS graduates and those at US public four-year institutions.
- FACTORS AFFECTING RESULTS**
Students are selected for the program based on rigorous admission criteria, with overall high GPAs and high mathematics and science GPAs. The bachelor's degree nursing program is a competency-based curriculum that enhances a rigorous academic program with state-of-the-art clinical simulation labs to augment on-site clinical training. The program has clearly articulated admissions criteria and progression standards that support the high graduation rate.
- WHAT NEEDS TO BE DONE**
The nursing faculty reviews the curriculum and the examination results for OHSU students each year and makes improvements as needed.
- ABOUT THE DATA**
Each entering student cohort is tracked for three academic years in the OHSU program and assumes the student completed two to three years of a pre-nursing curriculum, which allow the student a total of six years to complete a bachelor's degree, the industry standard for tracking academic progress.



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KPM #5	DEGREES AND CERTIFICATES Total degrees and certificates awarded.	Measure since: 2005
Goal	DEGREES AND CERTIFICATES – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth.	
Data source	Degrees and certificates awarded during years ended June 30. BANNER Student Information System	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Meet healthcare and biomedical science workforce needs within funding limits.

2. **ABOUT THE TARGETS**

In the total degrees and certificates awarded, more degrees are better to achieve Oregon benchmark targets for a highly educated workforce. Demand for healthcare professionals is strong across the United States. Graduate degrees in the biomedical sciences and engineering are critical to Oregon’s economic development and provide researchers and scientists needed in industrial and academic environments.

3. **HOW WE ARE DOING**

Total degrees and certificates awarded increased 14.5% since 2000-01. Several new master’s programs in the School of Medicine respond to the changing environment of health and health care and will result in small increases in total degrees over current levels. This includes the launch of a new collaborative MBA program with Portland State University in “Health Care Management” which admitted its first cohort in winter 2008.

4. **HOW WE COMPARE**

For the majority of Ph.D. programs and the professional programs (MD, DMD and PharmD which is a joint degree with OSU), OHSU is Oregon’s only educational provider. For the bachelor’s nursing program, OHSU partners with several public partners, is Oregon’s only public provider.

5. **FACTORS AFFECTING RESULTS**

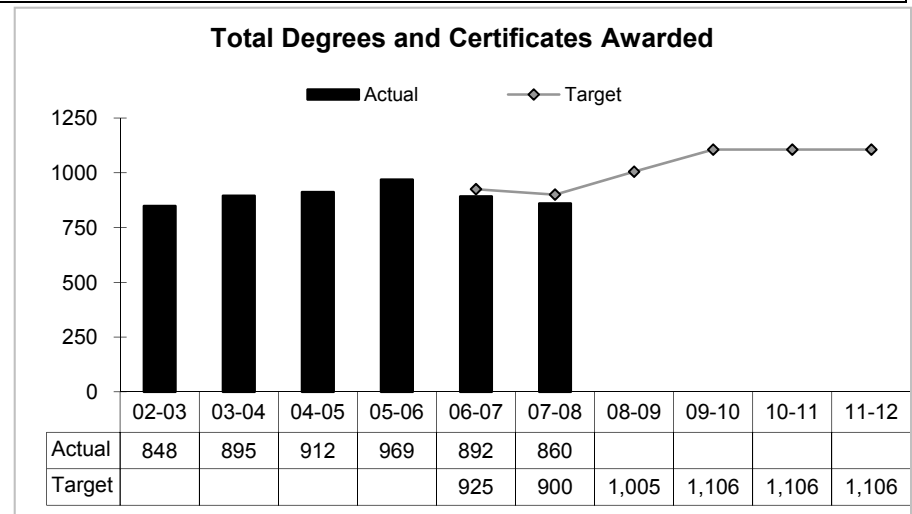
The quality of entering students is very high and is a good predictor of student success in completing degrees.

6. **WHAT NEEDS TO BE DONE**

Increased production of degrees and certificates could be achieved with new resources to increase enrollment in targeted workforce shortage areas.

7. **ABOUT THE DATA**

The reporting cycle is the academic year. Data are available disaggregated by gender, race/ethnicity and residency and by school and level of study upon request. Includes joint degrees awarded with Oregon Institute of Technology and Oregon State University.



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KPM #6	DENTIST WORKFORCE Total D.M.D. degrees awarded.	Measure since: 2005
Goal	DENTIST WORKFORCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared for health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Provide a quality program that prepares graduates for successful dental practice. Research compiled over the last five years suggests that gum disease – especially if the condition has persisted for a long time without treatment – can contribute to diabetes, cardiovascular disease and stroke, pregnancy complications, osteoporosis and some types of cancers.

2. **ABOUT THE TARGETS**

The targets are based on the assumption that most of the admitted students will complete degree requirements on schedule.

3. **HOW WE ARE DOING**

In 2007 the number of dental degrees awarded exceeded the target. In 2007-2008, 60 students completed programs on time. Since the end of the reporting period (June 2008), 8 more students from that class graduated. The total number from that cohort is 68. These 8 students will be reported in 2008- 09. Students completing a term or two late do so in order to complete clinical requirements, often related to the availability of patients.

4. **HOW WE COMPARE**

Undergraduate GPAs of matriculated students rank in the top ten of all US dental schools. With a high pass rate on the dental licensure exam, OHSU has a reputation of training superb clinical dental practitioners.

5. **FACTORS AFFECTING RESULTS**

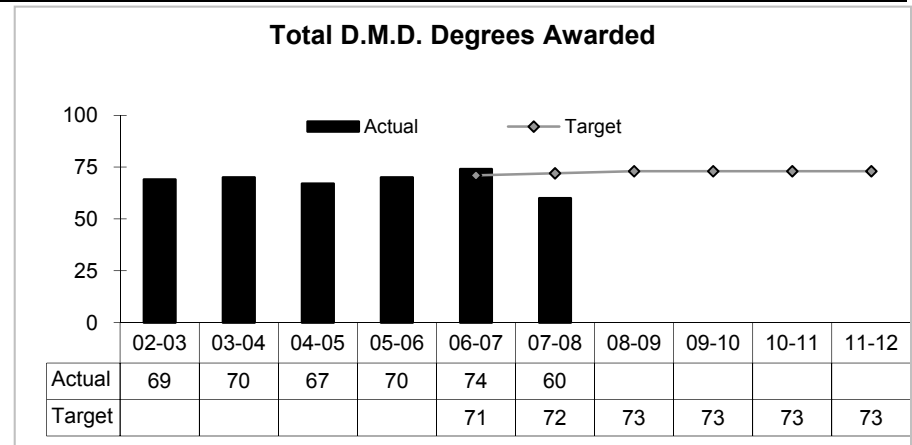
Enrollment and degree production are constrained by the number of laboratory and clinical stations in the School of Dentistry building. With a 2002 remodel of the pre-clinical stations in the current facility, we increased first-year enrollment from 70 to 75 students.

6. **WHAT NEEDS TO BE DONE**

With nearly a third of dentists aged 55 years and older, many will retire in the next several years, creating a dental workforce shortage in Oregon. To encourage students to select rural and urban, underserved communities for their practices, we are initiating a clinical experience in established dental practices throughout Oregon beginning 2008-09. Within four years, one-third of students could have a community-based practice experience. The projected new dental building is necessary to expand the class size from 75 to 120 students in an entering cohort. Several neighboring states do not have dental schools (i.e., Idaho, Montana, Utah, Wyoming).

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



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KPM #7	PHYSICIAN WORKFORCE Total MDs awarded.	Measure since: 2005
Goal	PHYSICIAN WORKFORCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Graduate physicians to meet workforce needs by increasing capacity as state funds allow. Meaningful health care reform depends on a robust and geographically well-distributed physician supply.

2. **ABOUT THE TARGETS**

The targets were set in 2006 based on an expanded MD class size of 120, and reduced to 115 due to the tort cap loss.

3. **HOW WE ARE DOING**

MD production corresponds to the funding levels and meets target. The entering class has increased from 96 in 2000 to 115 in 2008. The spike in degrees awarded in 2004 relates to students who received approved academic leaves in 2002 and 2003 and returned to complete in 2004.

4. **HOW WE COMPARE**

OHSU SOM was 72nd out of 75 publicly-assisted medical schools in level of state funding in 2007 and at the bottom of 13 publicly-assisted medical schools in the western states. The state allocation per MD student in FY 2007 included \$229,922 at UC-San Francisco, \$103,750 at the University of Washington, and \$25,681 at OHSU. The size of the entering cohort in 2008-09 is 115 at OHSU compared with 168 at University of California, San Francisco and 216 at the University of Washington. Oregon is more similar to Washington as each state has only one medical school, public or private.

5. **FACTORS AFFECTING RESULTS**

OHSU is working to increase diversity in medical education and advance health care equity in Oregon through a number of program initiatives.

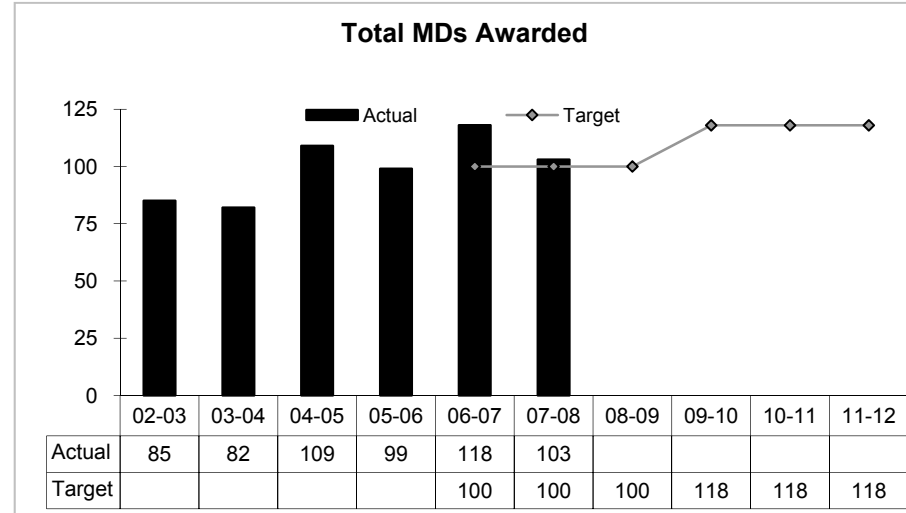
6. **WHAT NEEDS TO BE DONE**

The Oregon Medicine Collaborative (ORMED) is a partnership between OHSU, Oregon’s higher education institutions and regional health systems. ORMED’s goal is to help reverse physician shortages and geographic mal-distribution by expanding and regionalizing health care education capacity in Oregon. The ORMED proposal to increase the number of physicians in Oregon and improve their regional distribution has four integrated elements:

1. Medicine Pipeline Program
2. Physician Workforce Expansion Program
3. Regionalized Clinical Curriculum: support for the clinical education required by an expanded medical school class size.
4. Graduate Medical Education (GME) Consortium: expanded opportunities for new physicians to pursue advanced training in Oregon.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



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KPM #8	NURSING WORKFORCE Total bachelor's degrees awarded in nursing.	Measure since: 2005
Goal	NURSING WORKFORCE – Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees awarded during years ended June 30. BANNER Student Information System	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Leverage regional partnerships to increase the number of well-educated nurses at the bachelor degree level to meet state workforce shortages. Additionally, we have developed an accelerated (5-term) program for people with a bachelor's degree in another field to become educated in nursing and be prepared to take the nursing exam.

2. **ABOUT THE TARGETS**

Targets are based on sustaining enrollment at all the OHSU SON campuses Ashland, Klamath Falls, La Grande, and Portland with a targeted graduation rate of at least 91%. With the funding of the OCNE partnerships with Oregon's community colleges, added capacity in Portland, and new program in Monmouth in fall 2008, the targets for future years have been increased.

3. **HOW WE ARE DOING**

The trend has been to increase incrementally as funds allowed, although these incremental improvements have not kept pace with demand.

4. **HOW WE COMPARE**

The statewide shortage of nurses mirrors regional and national conditions. Recent program expansion aims to address this shortage.

5. **FACTORS AFFECTING RESULTS**

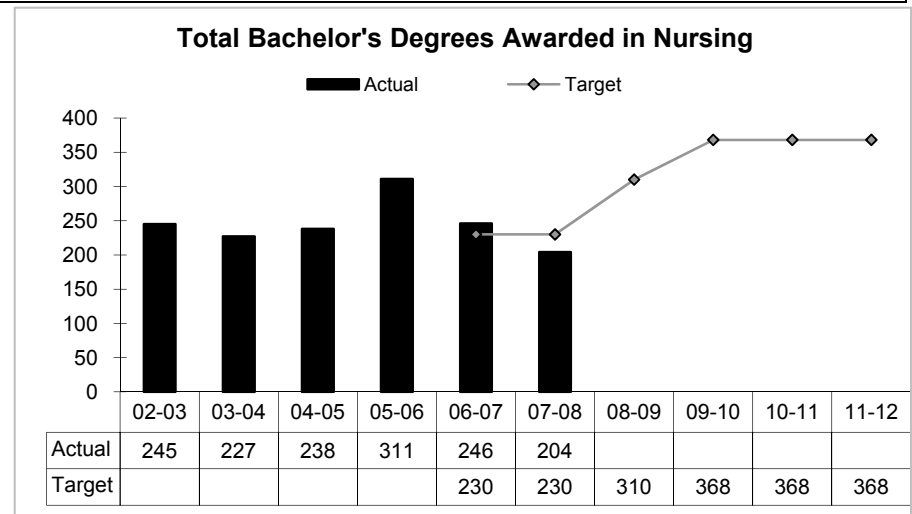
The expansion of capacity will require sustained state investment.

6. **WHAT NEEDS TO BE DONE**

The National Advisory Council on Nurse Education and Practice is targeting two-thirds of the nursing workforce to hold at least a bachelor's degree by 2010. The Oregon Consortium for Nursing Education (OCNE) will provide a broader mechanism for students to complete their BS degree. OHSU SON needs to continue the development and implementation of OCNE. OHSU SON will graduate its first class of students educated through the competency-based curriculum in spring 2009.

7. **ABOUT THE DATA**

The reporting cycle is the academic year. Data include all baccalaureate nursing degrees awarded by OHSU.



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KPM #9	NURSING FACULTY Total graduate degrees and certificates awarded in nursing.	Measure since: 2005
Goal	NURSING FACULTY – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
Data source	Degrees and certificates awarded during years ended June 30. BANNER Student Information System.	
Owner	Cherie Honnell, Director, Student Financial Aid Services and OHSU Registrar, 503-464-5117	

1. **OUR STRATEGY**

Increase number of graduate-level degrees in nursing awarded to students to support statewide faculty shortage initiatives and to increase Oregon’s workforce of highly educated nurses. Roughly one-third of the nursing faculty in Oregon is planning to retire by 2010. The market for master’s and doctoral- level nurses is highly competitive, as these nurses are paid substantially more in different settings.

2. **ABOUT THE TARGETS**

These targets are based on current funding levels.

3. **HOW WE ARE DOING**

OHSU awarded 84 advanced degrees and certificates in nursing in 07/08.

4. **HOW WE COMPARE**

The average annual number of advanced nursing degrees and certificates awarded in the last eight years is 70.

5. **FACTORS AFFECTING RESULTS**

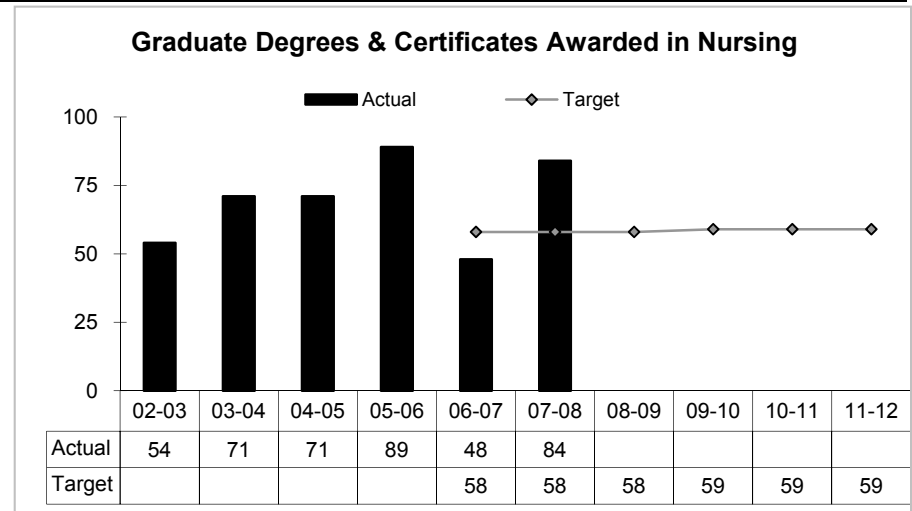
This substantial one-year increase is an anomaly due to students completing degrees and certificates later than expected. The profile of students in advanced degree nursing programs –predominately female, mature, working, and with family commitments that compete for time and attention—poses barriers for on-time completion. More students will be admitted to the DNP in fall 2009. The increase in degrees projected with the implementation of the Doctor of Nursing Practice (DNP) degree in summer 2007, an estimated 15 additional doctoral-level students will graduate in spring 2009. The expansion of the nursing graduate program will be reflected in total degree and certificate production beginning in three to five years.

6. **WHAT NEEDS TO BE DONE**

Continue to increase the enrollment of graduate- level nursing students to increase nursing faculty capacity statewide to levels required to implement the nursing workforce initiatives and address nursing faculty workforce shortages. Additionally, the SON is working to expand the delivery of graduate education across the state and include all SON campuses.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



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KPM #10	PROFESSIONAL COMPETENCE Percent of DMD student cohort passing senior-level credentialing examinations on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Based on annual report from American Dental Association Joint Commission on National Dental Exams.	
Owner	Dr. Phyllis Beemsterboer, Academic Associate Dean, School of Dentistry, 503-494-8515	

1. **OUR STRATEGY**

Ensure highest quality of practicing dentists by providing dental curriculum and clinical experiences that are continually improved to meet external accreditation standards.

2. **ABOUT THE TARGETS**

The target is to meet or exceed the national pass rate on the national dental boards. The targets reported in 2000 through 2007 are actual national pass rates. The 95% target for 2006 to 2009 is an estimate of the national pass rate.

3. **HOW WE ARE DOING**

Dental students have done exceptionally well and making progress against targets.

4. **HOW WE COMPARE**

Dental students have a very high first-time pass rate on the dental credentialing examination compared to the national average.

5. **FACTORS AFFECTING RESULTS**

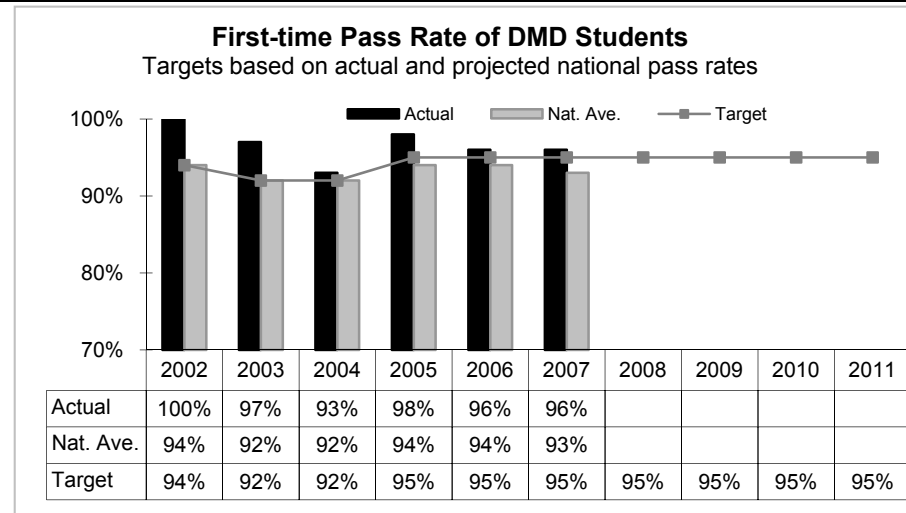
Given the small number of OHSU dental students, a failure of one student on this exam can have a big impact on the OHSU pass rate. The reasons for students not passing on the first attempt are frequently related to experiences beyond the control of the program (e.g., student illness, birth of a child). These students that fail on the first attempt, retake the exam and pass.

6. **WHAT NEEDS TO BE DONE**

The School of Dentistry closely monitors these pass rates and uses this information as feedback to improve the program. These pass rates are among the factors students consider in choosing a dental school and reflect both admissions standards and program quality.

7. **ABOUT THE DATA**

The reporting cycle is based on an academic year. Because of state and federal laws regarding educational rights and privacy combined with the small cohort size, these data are available only in aggregation. One person failing the exam has greater than a 1 percentage point impact, and should not be interpreted as having statistical significance.



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KPM #11	PROFESSIONAL COMPETENCE Percent of MD student cohort passing senior-level credentialing examinations on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Based on annual reports prepared by the National Board of Medical Examiners on pass rates on USMLE Step 2.	
Owner	Dr. Edward Keenan, Associate Dean for Medical Education, OHSU, 503-494-5216	

1. **OUR STRATEGY**

Ensure highest quality of physicians by providing curriculum and clinical experiences that are continuously improved to meet external accreditation standards.

2. **ABOUT THE TARGETS**

The target is to meet or exceed the national pass rate on the national boards (USMLE Step 2). The targets reported in 2000 through 2005 are actual national pass rates. The 95% targets for 2006 through 2009 are based on the projected national pass rates.

3. **HOW WE ARE DOING**

This measure has been at target in all years and above target in the last two years. OHSU is trending in the right direction.

4. **HOW WE COMPARE**

OHSU’s MD graduates are prepared to advance to the next stage of training which is corroborated by the MD graduates that get their first preference for a medical residency.

5. **FACTORS AFFECTING RESULTS**

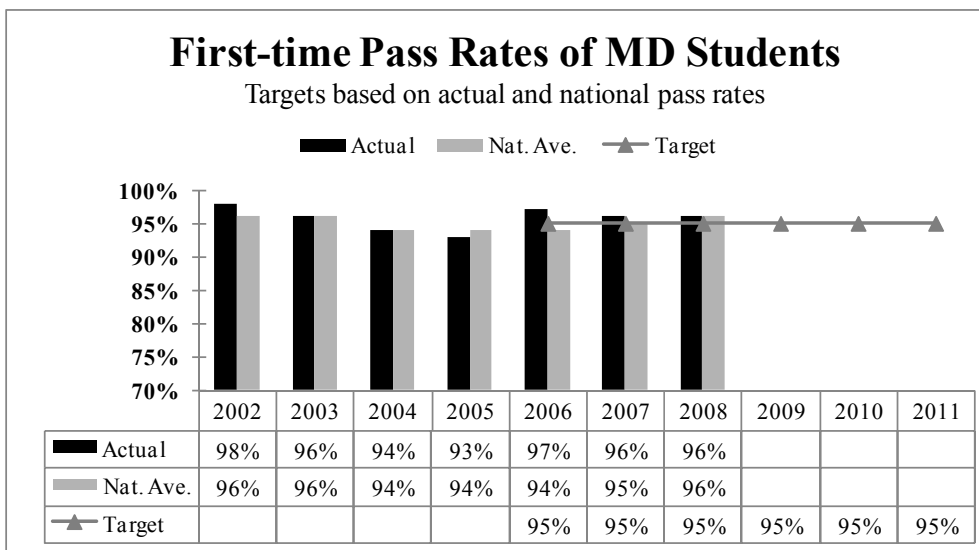
OHSU performance mirrors the national trend of incremental decline between 2000 and 2005. During these years, the exam and performance standards were revised. Licensure has several purposes that serve the public interest. Chief among them is reasonable assurance that a licensee has fulfilled requirements set forth by experts that are considered essential for safe practice in the medical profession. The reasons for students not passing tend to be related to experiences beyond the control of the program (e.g., student illness, birth of a child, USMLE established cut off of 5% fail rate). OHSU students retake the exam and pass on the second attempt.

6. **WHAT NEEDS TO BE DONE**

The School of Medicine closely monitors these pass rates and uses this information as feedback to improve the MD program. These pass rates are among the factors students consider in choosing a medical school.

7. **ABOUT THE DATA**

The reporting cycle is based on an academic year and reflects the year the exam was taken, not the reporting cycle.



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KPM #12	PROFESSIONAL COMPETENCE Percent of BS nursing cohort passing credentialing examination after graduation on the first attempt.	Measure since: 2005
Goal	PROFESSIONAL COMPETENCE – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
Oregon Context	EDUCATION OBM #26: College Completion; graduates prepared to work in health professions.	
Data source	Annual reports prepared by the National Council of State Boards of Nursing.	
Owner	Judith Baggs, Senior Associate Dean for Academic & Student Affairs, School of Nursing, 503-494-1043	

1. **OUR STRATEGY**

Ensure quality of highly trained nurses by providing nursing curriculum and clinical experiences that reflect criteria for excellence.

2. **ABOUT THE TARGETS**

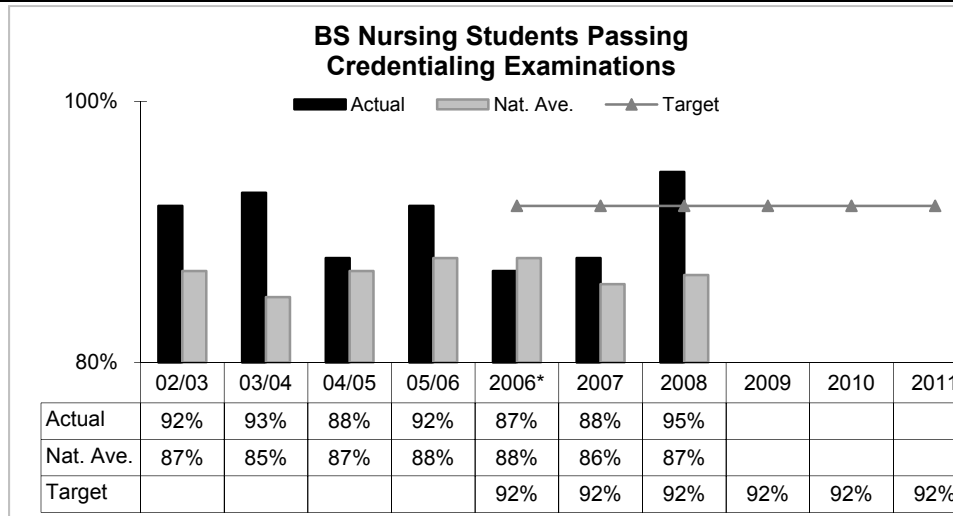
The target is to exceed the national pass rate on the national board examination (NCLEX). Targets for 2009 through 2011 are projected national pass rates.

3. **HOW WE ARE DOING**

Between 2007 and 2008 OHSU adopted new initiatives to meet the target. As a result OHSU exceeded its target in 2008.

4. **HOW WE COMPARE**

Between 2000 and 2005, first-time test takers in OHSU’s nursing program have bettered the national pass rate for the NCLEX. In more recent years, performance is at the bubble or below.



5. **FACTORS AFFECTING RESULTS**

Students decide when they are eligible to sit for the NCLEX based on seat time, rather than readiness.

6. **WHAT NEEDS TO BE DONE**

In spring 2008, we implemented a strategy to ensure student success by focusing on exam preparation and performance-based feedback from faculty about student readiness to pass the NCLEX examination. The School of Nursing faculty annually reviews these performance data against the professional accreditation requirements reflected in the examinations as a basis for providing the highest quality program and ensuring student success. We anticipate that these changes will translate into OHSU achieving the targets.

7. **ABOUT THE DATA**

*The reporting cycle moved from an academic year to calendar year reporting in 2006. Aggregate pass rate based on junior and senior students enrolled at the Portland campus as well as Ashland, Klamath Falls and La Grande on OUS campuses as well as students in our pre-licensure programs. With the implementation of the new three-year curriculum beginning fall 2006 with community college partners, students will be tracked as separate cohorts until the last graduate of the two-year curriculum.

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KPM #13	NIH ENVIRONMENT NIH dollars awarded to OHSU.	Measure since: 2005
Goal	NIH ENVIRONMENT – Explore new basic, clinical and applied research in health/biomedical sciences, environmental/biomedical engineering/information sciences.	
Oregon Context	ECONOMIC CAPACITY OBM #7; Research and Development.	
Data source	OHSU Sponsored Projects Administration, special data run, February 4, 2009.	
Owner	Dr. Daniel Dorsa, VP Research, 503-191-1085	

1. **OUR STRATEGY**

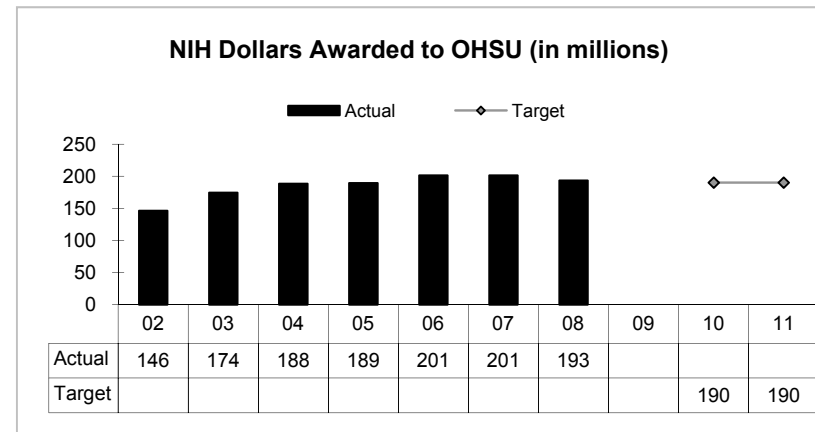
Sustain productivity as NIH funding levels fluctuate and as we manage the fallout from the tort cap decision and global economic crisis. Capitalize on new administration’s increased funding to NIH should it become a reality.

2. **ABOUT THE TARGETS**

The targets are derived from OHSU's 5 year business plan and have not been adjusted for the American Recovery and Reinvestment Act (ARRA) funding as this represents a temporary infusion of funding into NIH, which will be tracked separately. Subsequently, any increases in NIH funding that OHSU receives resulting from specific ARRA funding mechanisms will not be included in the updates of this KPM. This target has been revised from "Percent NIH dollars awarded to OHSU of total NIH grants awarded to all institutions" because small changes in NIH appropriations cause it to fluctuate significantly and is not a good metric by which to track OHSU research performance.

3. **HOW WE ARE DOING**

In 2007, OHSU reached \$307M in total sponsored projects of which \$201M was from NIH. Despite significantly increased competition for NIH grants due to the flattening of federal appropriations, OHSU was extremely successful in obtaining \$193M from NIH in 2008. Total sponsored awards received in 2008 were \$299M.



4. **HOW WE COMPARE**

While NIH stopped ranking universities by award amounts, they provide national data for universities to determine their own ranking. Our conservative analysis indicated that OHSU’s School of Medicine was 20th out of 128 medical schools in NIH funding. OHSU is still 2nd in the country in NIH funding of neuroscience research and we have the most funded projects in neuroscience of any academic institution in the country. As a result of the Oregon Opportunity and related strategic initiatives, OHSU changed nine positions within one year from 32 in 2003 to 23 in 2004. The goal in 2005 was to maintain this change and embrace sustained and gradual movements in rank over the next five years. SOM set the target for 2009 of “Top 20”, which was reached in 2006. In 2006 OHSU was among the first institutions in the country to successfully pursue a Clinical and Translational Science Award (CTSA), and as a result formed the Oregon Clinical and Translational Research Institute.

5. **FACTORS AFFECTING RESULTS**

The 2007-08 tort cap decision and flat NIH funding in 2008 have made retaining high performing faculty challenging. Some top performers have left the institution.

6. **WHAT NEEDS TO BE DONE**

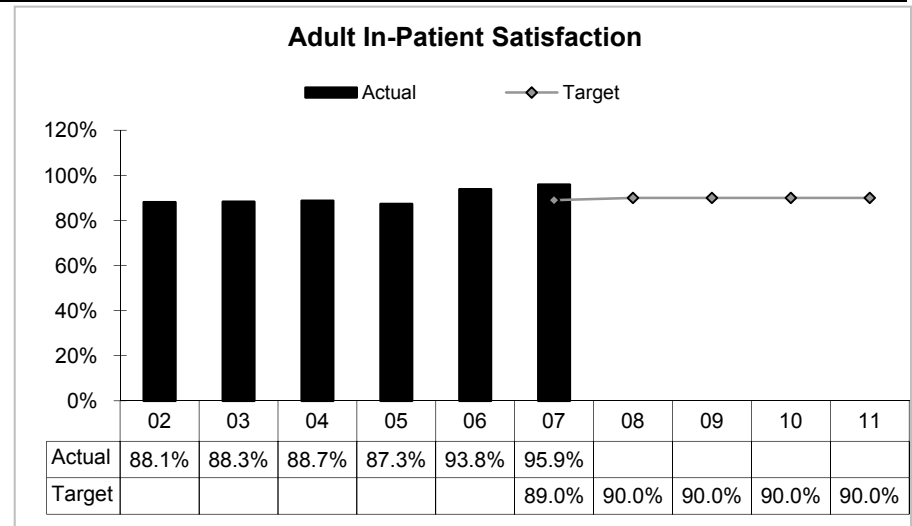
OHSU must recruit and retain the highest quality of faculty and researchers with proven track records. Most OHSU faculty must bring in the majority of the support for their own faculty position and all of the support for the people in their research groups. This selects for a highly responsive faculty and provides flexibility and incentive to respond to emerging research directions. In response to cuts as a result of the tort cap decision the executive leadership team and the OHSU Foundation conducted a faculty needs assessment to direct fundraising and investment priorities for retaining top faculty. New presidential administration has placed high priority on scientific research and OHSU plans to capitalize on increased funding to NIH as a result.

7. **ABOUT THE DATA:** The reporting cycle is the OHSU fiscal year. Note that the federal fiscal year is October 1 through September 30, differing from OHSU’s, which is July 1 through June 30. Data reported here is based on OHSU’s fiscal year.

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KPM #14	PATIENT EXPERIENCE - Percent adult inpatients saying "would recommend OHSU Hospital"	Measure since: 2005
Goal	CLINICAL CARE QUALITY – Deliver excellence in health care services to all patients.	
Oregon Context	SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians.	
Data source	NRC Picker (2002-07), Press Ganey (Effective 7/2008)	
Owner	Roy Magnusson, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020	

- OUR STRATEGY**
Implement service excellence standards; provide convenient, coordinated patient- and family-centered care.
- ABOUT THE TARGETS**
The data and targets are based on respondents selecting "definitely yes" or "probably yes" when asked if they would recommend OHSU. The system used for reporting the adult inpatient data has changed and results from a new nationwide system that is now made publically available. OHSU has adopted this methodology for adult inpatients and although similar data is not published for pediatric inpatients, OHSU intends to use the same methodology to track this KPM internally. Due to the recent departure of the Chief Medical Officer, the revised targets are still being determined and should be finalized shortly.
- HOW WE ARE DOING**
Between 2003 and June 2008, nearly 9 out of 10 adult in-patients would recommend OHSU Hospital. From July 2008 to December 2008, OHSU's Mean Score was 85.7.
- HOW WE COMPARE**
OHSU has been forced to refine our low-income access policy to spread uncompensated care losses more evenly among all community hospitals. OHSU still provides a large share of uncompensated health care in Oregon.
- FACTORS AFFECTING RESULTS**
To lessen the impact of continuing state funding cuts on OHSU's public mission, the hospital aggressively cut costs and maximized revenue to support the broader university public health mission.
- WHAT NEEDS TO BE DONE**
OHSU has imbedded the required patient experience questions in the overall in-patient survey tool which is used to get better comparisons for benchmarking opportunities, patient ease of using the survey, and solution strategies. OHSU is training physicians on the meaning and interpretation of the survey data.
- ABOUT THE DATA**
OHSU Service Excellence switched from NRC Picker to Press Ganey, effective July 1st, 2008. As a result the way in which survey results are measured has changed. A weighted average of all patient responses is now used. The scale looks like this: Very Poor = 0 points, Poor = 25 points, Fair = 50 points, Good = 75 points, Very Good = 100 points. Once all of the responses are totaled, a "mean score" is computed for each question, which is scored on a scale of 0-100. 2008 OHSU Hospital Mean Score = 85.7. Before July 2008, OHSU employed a patient experience question methodology that embedded the required CMS patient experience questions in the overall inpatient survey tool. When asked if they would recommend OHSU, respondents choose from one of four categories: "definitely yes," "probably yes," "probably not," or "definitely not." The reported percentage reflects a weighted roll up of the respondents who indicated "definitely yes" or "probably yes."



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KPM #15	PATIENT EXPERIENCE- Percent pediatric inpatients saying “would recommend OHSU Doernbecher Children’s Hospital.”	Measure since: 2005
Goal	CLINICAL CARE QUALITY – Deliver excellence in health care services to all patients. Improve clinical performance.	
Oregon Context	SOCIAL SUPPORT OBM HEALTH #39-46; Clinical Excellence and Healthy Oregonians.	
Data source	NRC Picker (2002-07), Press Ganey (Effective 7/2008)	
Owner	Roy Magnusson, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020; Nick Pearson-Wood, Service Excellence; 503-498-1509	

1. **OUR STRATEGY**

Implement service excellence standards; provide convenient, coordinated patient- and family-centered care.

2. **ABOUT THE TARGETS**

The data and targets are based on respondents selecting “definitely yes” or “probably yes” when asked if they would recommend OHSU. The system used for reporting the adult inpatient data has changed and results from a new nationwide system that is now made publically available. OHSU has adopted this methodology for adult inpatients and although similar data is not published for pediatric inpatients, OHSU intends to use the same methodology to track this KPM internally. Due to the recent departure of the Chief Medical Officer, the revised targets are still being determined and should be finalized shortly.

3. **HOW WE ARE DOING**

In 2007, the satisfaction rating of pediatric in-patients at Doernbecher Children’s Hospital was 97.4%. This represents an improving trend from FY 2001, the first year of the survey.

4. **HOW WE COMPARE**

The satisfaction of pediatric in-patients is at a high level and provides a touchstone for adult in-patient satisfaction.

5. **FACTORS AFFECTING RESULTS**

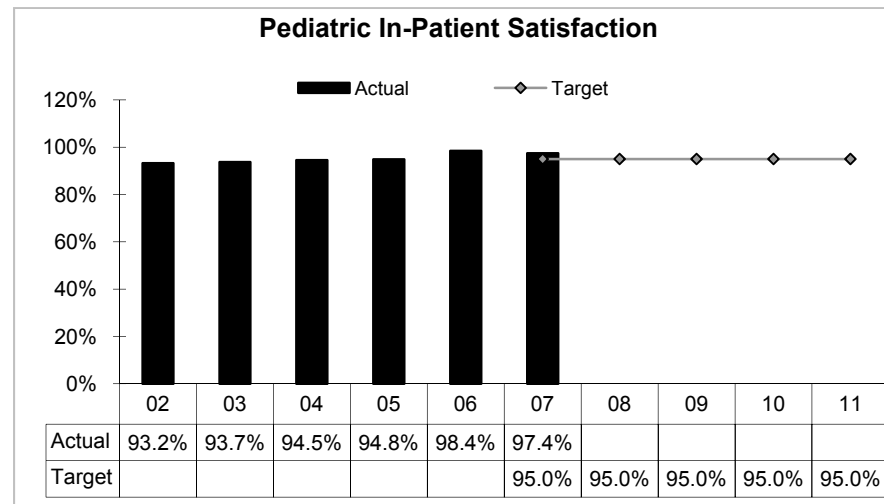
OHSU is in a precarious position because some aspects of hospital performance are outside of OHSU control, and other state and federal funding sources to the hospital are either declining or at risk.

6. **WHAT NEEDS TO BE DONE**

OHSU has imbedded the required patient experience questions in the overall in-patient survey tool which is used to get better comparisons for benchmarking opportunities, patient ease of using the survey, and solution strategies. OHSU is training physicians on the meaning and interpretation of the survey data.

7. **ABOUT THE DATA**

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KPM #16	POISON CENTER EFFECTIVENESS Percent of poisoning or toxic exposure cases managed at home.	Measure since: 2005
Goal	POISON CENTER EFFECTIVENESS –Reduce mortality from poisonings and toxic exposures..	
Oregon Context	HEALTH OBM# 45: Preventable Death; PROTECTION OBM #50: Child Abuse or Neglect.	
Data source	Annual Report of the American Association of Poison Control Centers Toxic Exposure Surveillance System (TESS).	
Owner	Sandy Giffin, RN, MS, Department Director, Oregon Poison Center, 503-494-8600	

1. **OUR STRATEGY**

Provide rapid statewide triage services to reduce mortality from poisonings and toxic exposures.

2. **ABOUT THE TARGETS**

The appropriate management of poison exposed victims is essential.

3. **HOW WE ARE DOING**

In 2007, three out of four callers to the Oregon Poison Center received did not have to seek expensive emergency department services. In 2007, this resulted in a cost savings of \$11,601,376 if poison center service was unavailable, based on a survey of alternative treatment decisions from callers. In 2008 this savings was \$13,190,787

4. **HOW WE COMPARE**

CDC has estimated mortality due to unintentional poisoning has increased nationally by 62.5% between 1999 and 2004, with 68.3% increase in drug-poisoning deaths. While poison centers are well utilized for pediatric accidental poisoning cases, adolescent/adult drug overdoses are representing an increasing health care concern. Calls from health care providers seeking consultation in management of patients already in health care facilities are increasing from 14% of total calls in 2006, to 15% in 2007.

5. **FACTORS AFFECTING RESULTS**

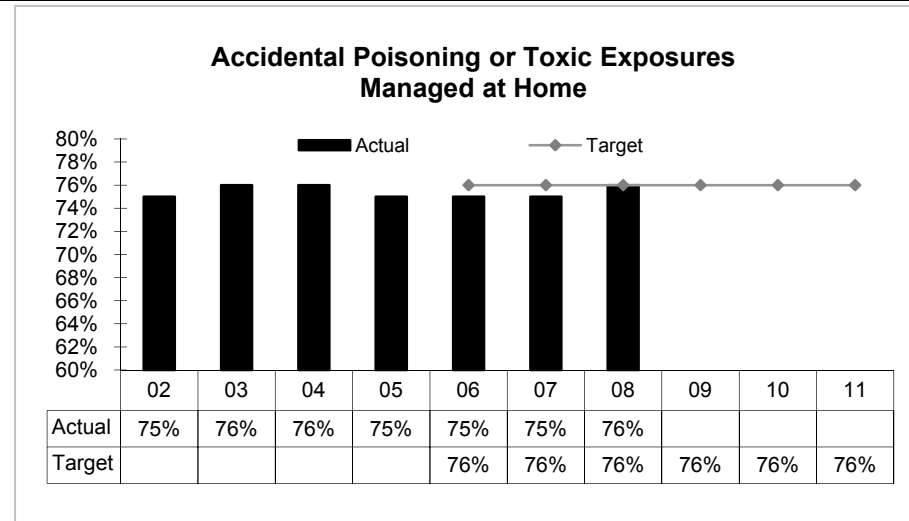
Nationwide reduction in morbidity and mortality from childhood poisonings children may be related to a number of factors: development in widespread use of child-resistant packaging, reduction of the number of children’s pain reliever in bottles, the use of non-aspirin products for treatment of fever during childhood, the development of poison control centers, the use of Ipecac to induce vomiting, and better medical care for treatment of ingestions. Increased incidence of overall unintentional morbidity and mortality rates is impacted by increased drug related poisonings in teens and adults.

6. **WHAT NEEDS TO BE DONE**

Poison centers need to partner with other drug awareness programs to increase visibility as a resource for poisoning and drug overdose incidents among teens and adults. OPC needs to continue to continue and expand educational services to physicians and parents, plus dispenses “Yuk” and emergency telephone number stickers as simple devices to help reduce accidental poisonings.

7. **ABOUT THE DATA**

The reporting cycle is Oregon fiscal year.



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KPM #17	CDRC SERVICES Total clinical, surgical and/or diagnostic services provided to patients	Measure since: 2007
Goal	CDRC SERVICES – Improve lives of individuals with disabilities or special health needs.	
Oregon Context	SOCIAL SUPPORT OBM #39-46: Health Factors	
Data source	CDRC Report for State Performance Measures	
Owner	Brian Rogers, MD, Director, CDRC, 503-494-8362	

1. **OUR STRATEGY**

Provide convenient, coordinated patient- and family-centered care/purchased services to families throughout Oregon.

2. **ABOUT THE TARGETS**

In the CDRC services example at right, a larger number of total services reflect the complexity and acuteness of care required by the patients served by CDRC.

3. **HOW WE ARE DOING**

FY 2007 and 2008 performance is on target.

4. **HOW WE COMPARE**

CDRC bundles services in one visit to reduce the inconvenience and cost to patients, many of whom travel long distances to receive health care services not available in their local communities.

5. **FACTORS AFFECTING RESULTS**

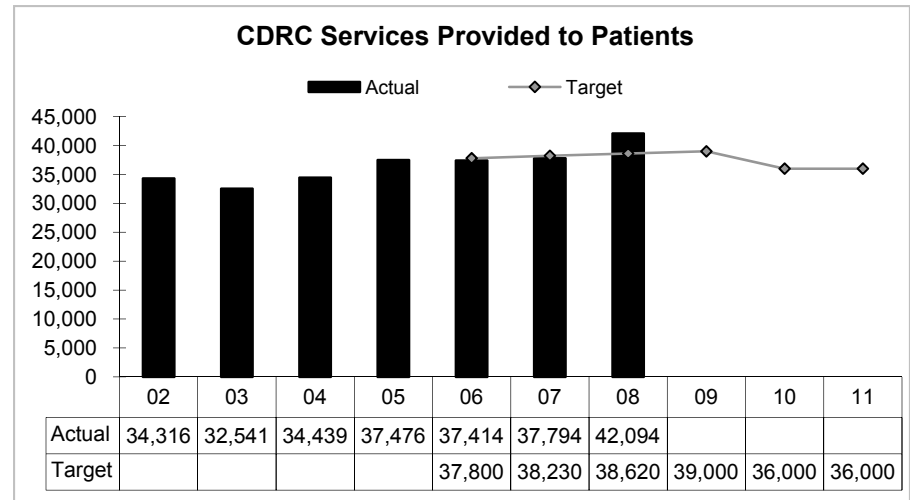
The acuity of care and proportion of patients that are uninsured affects total CDRC capacity. CDRC fulfills a statewide mission in that many of our patients come from underserved communities in Oregon and require very specialized treatment.

6. **WHAT NEEDS TO BE DONE**

The CDRC patients are medically fragile and continue to need a wide array of clinical, surgical and diagnostic services beyond childhood.

7. **ABOUT THE DATA**

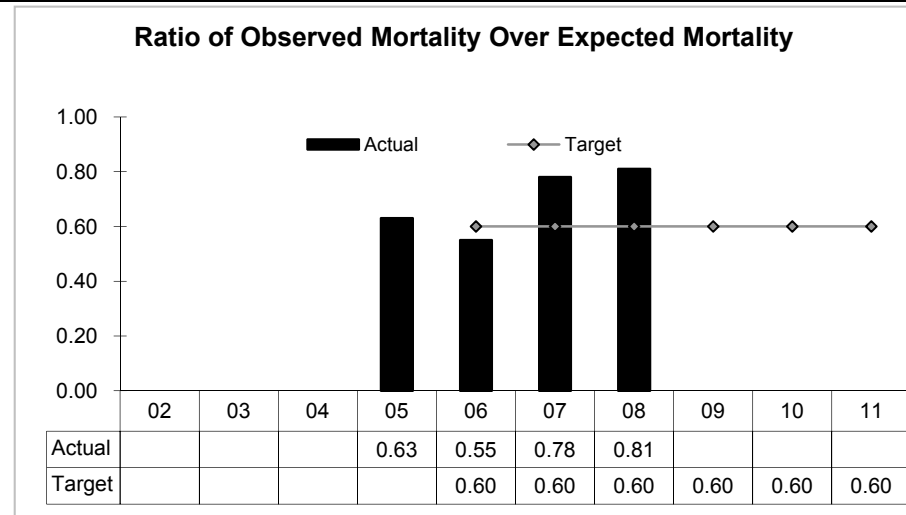
The data reporting cycle is Oregon Fiscal Year.



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KPM #18	HOSPITAL MORTALITY Ratio of observed mortality over expected mortality for OHSU inpatients	Measure since: 2007
Goal	HOSPITAL MORTALITY – Improve clinical performance; maintain OHSU’s top standing among leading hospitals nationally.	
Oregon Context	HEALTH OBM #45: Preventable Death; deliver excellence in health care services.	
Data source	University Health System Consortium, <i>Clinical Outcomes Report: Product Line Mortality</i> (quarterly and annual reports)	
Owner	Roy Magnusson, MD, Chief Medical Officer, Hosp. & Clinics, 503-494-6020	

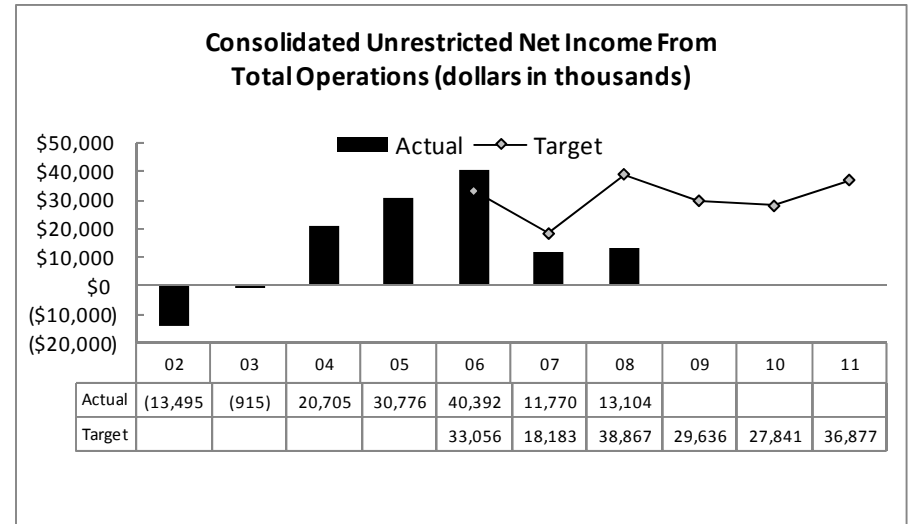
- OUR STRATEGY**
Rapidly correct issues related to quality of care to keep observed mortality below predicted mortality, a mortality statistic generated by the University Health System Consortium.
- ABOUT THE TARGETS**
A ratio of “observed mortality” over “expected mortality” is an indicator of relative performance and hospital quality. “Expected mortality” is an industry standard based on the clinical outcomes for historical cases of similar complexity. **Better performance is reflected in a lower number.**
- HOW WE ARE DOING**
The methodology for calculating this ratio has changed at the national level since the original targets were set and a revision to these targets is required. Indeed OHSU is doing exceptionally well in a number of areas when compared with national averages. For example in post-surgical mortality (excluding trauma/burn) OHSU ranked 3rd best of 97 University System Health Consortium (UHC) members. Due to the recent departure of the Chief Medical Officer, the revised targets are still being determined and should be finalized shortly.
- HOW WE COMPARE**
OHSU Health System has earned a reputation for excellence. OHSU ranked in the top quartile among academic health center hospitals in FY 2007. Out of 5,453 hospitals nationwide, only 170 scored high enough to be included in the 2008 edition of *America's Best Hospitals*, published by *U.S. News & World Report*. Two specialties are in the Top 50; Cancer is ranked 32 and Endocrinology is ranked 17. Our commitment to patient safety and quality care is providing the best every time for every patient.
- FACTORS AFFECTING RESULTS**
The excellent physicians, nurses and other health care staff are critical to a lower mortality rate.
- WHAT NEEDS TO BE DONE**
Since these data are reported quarterly, they are monitored closely for quality control and appropriate steps taken when warranted.
- ABOUT THE DATA**
The mission of the UNC is to achieve clinical, operational, and financial performance excellence in university hospitals. It is comprised of 93 hospital members and 137 associate members in the United States. A ratio of 1.0 means the number of patients observed to die is what would be expected given the patients’ conditions. A ratio lower than 1.0 means the patients are getting quality care as they are alive following surgery despite what would be expected given the medical diagnosis. A ratio greater than 1.0 means the number of patients who died is greater than would be expected. This is a new reporting system, data before 2005 are not available.



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KPM #19	OHSU BOTTOM LINE Consolidated unrestricted net income from total operations (dollars in thousands).	Measure since: 2005
Goal	OHSU BOTTOM LINE – Lead and advocate for programs that improve health for all Oregonians and extend missions through community service, partnerships and outreach.	
Oregon Context	PUBLIC SECTOR PERFORMANCE OBM #36: S&P Bond Rating	
Data source	OHSU Corporate Financial Services; includes hospital and university operations.	
Owner	OHSU Chief Financial Officer, 503-494-4585	

- OUR STRATEGY**
Provide highest level of fiduciary responsibility for institutional operations while sustaining the education mission.
- ABOUT THE TARGETS**
Targets based on the financial resources needed for future OHSU operations and recognizing the competition and opening of new clinical and research facilities.
- HOW WE ARE DOING**
A review of the last three years measured by this KPM reveal two years that offset each other being above or below the target by approximately the same amount. The last year shows OHSU not meeting the KPM reflecting the financial challenges OHSU has seen in the past few years.
- HOW WE COMPARE**
Comparing with metropolitan area health systems, in FY07 OHSU performed below Providence and Legacy Health Systems using this measure.
- FACTORS AFFECTING RESULTS**
While OHSU has been successful in managing its operating expenses and attracting a greater number of paying patients, one-time land sales have not occurred as planned due to market conditions.
- WHAT NEEDS TO BE DONE**
OHSU must continue to generate adequate financial resources to meet future needs.
- ABOUT THE DATA**
Reports net income from audited financial statements for prior years, and does not include Foundation consolidation.



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KPM #20	MD CLINICAL ROTATIONS Number of MD student-weeks served in rural communities.	Measure since: 2005
Goal	MD CLINICAL ROTATIONS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs.	
Oregon Context	ECONOMY OBM#1: Employment in Rural Oregon.	
Data source	Annual institutional reports prepared to meet federal reporting requirements (based on N of 3 rd year students X 5 week rotation).	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

1. **OUR STRATEGY**

Meaningful health care reform depends on a robust and geographically well-distributed physician supply. OHSU’s strategy to increase the number of physicians practicing in underserved communities is to require every third-year medical student to complete a five-week clinical rotation in a rural community in Oregon. Research clearly shows that the two greatest predictors of practice in a rural community are 1) desire at the outset of training to do so, and 2) rural training experiences.

2. **ABOUT THE TARGETS**

These targets are set based on a requirement that all 3rd year students complete a clinical rotation in a rural community with a family physician. In the Clinical Rotations number at the right, a larger number is better.

3. **HOW WE ARE DOING**

In 2008, OHSU MD students spent at total of 550 weeks in clinical rotations in rural communities. This figure is consistent with the level of state appropriations, which would need to increase if the target was to be achieved.

4. **HOW WE COMPARE**

Medical schools with a mission to train rural physicians are more likely to graduate students who go into rural practice.

5. **FACTORS AFFECTING RESULTS**

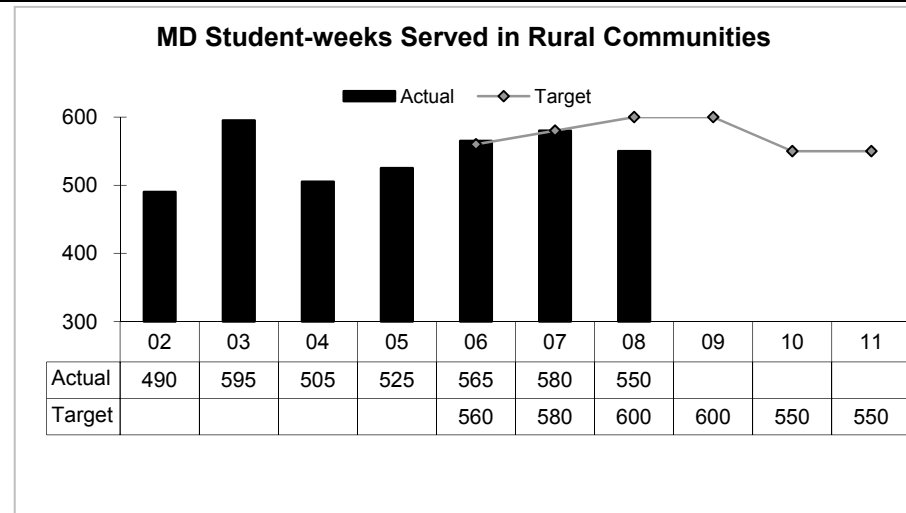
OHSU’s Area Health Education Centers (AHEC) program facilitates these clerkships. Not only does this help students consider rural practice, but it offers a professionally rewarding experience for the rural physicians and dentists who serve as clinical preceptors.

6. **WHAT NEEDS TO BE DONE**

As the MD cohort increases, the clinical rotation requirement will be expanded to include urban, medically underserved communities. The strongest predictors that a physician will choose a practice in either of these settings are specialty and background. Family physicians are more likely than specialists to choose to practice in these communities. Physicians are more likely to locate in communities similar to their backgrounds. These experiences are critical to improving diversity and distribution of the physician workforce needed to match Oregon’s changing demographics needing medical services. The AHECs would like to work with the School of Dentistry’s Community Dentistry program to include dental students, to help address dental workforce shortages in rural Oregon.

7. **ABOUT THE DATA**

Data reported on academic years.



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KPM #21	RURAL PRECEPTORS Community physicians supervising medical students in rural clerkships.	Measure since: 2005
Goal	RURAL PRECEPTORS – Promote better health care in rural and under-served Oregon communities.	
Oregon Context	ECONOMY OBM #1: Employment in Rural Oregon.	
Data source	Institutional reports prepared by AHEC based on federal reporting requirements: fluctuates based on number required to supervise students.	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

OUR STRATEGY

The Area Health Education Centers Program is a partnership between OHSU and Oregon communities. Each third-year medical student completes a clinical rotation supervised by a skilled and experienced primary care physician currently practicing in a rural or underserved community. The preceptors provide regular feedback to students on their progress and performance, evaluate students/submit written reports, consult and advise students on their community projects and clinical case study, and acquaint students with quality assurance in practice setting.

1. ABOUT THE TARGETS

The number of preceptors depends on the availability of physicians and the number of MD students on clinical rotations. The targets are based on the increase in base capacity at OHSU in Portland.

2. HOW WE ARE DOING

Although the number of community physicians supervising MD students in their clinical experiences in private practice settings increased in 2008, it still fell short of target. Increased efforts to identifying appropriate preceptors in rural locations are underway in order to meet targets in future years.

3. HOW WE COMPARE

OHSU is unique in having a mandatory rural clerkship with all other medical schools offering this an elective. It is therefore difficult to draw comparisons between OHSU and our peers.

4. FACTORS AFFECTING RESULTS

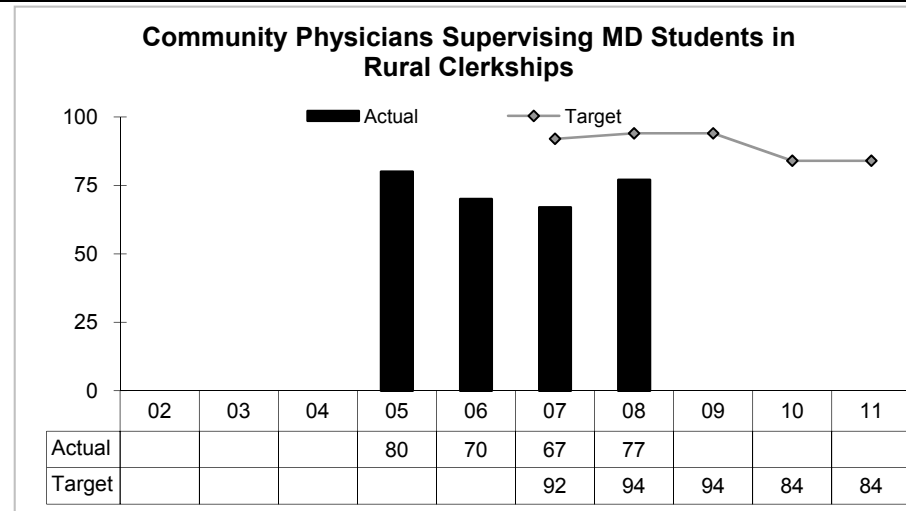
Rural areas have disproportionately fewer medical doctors and other health care practitioners, (The current ratio is 1 physician to 327 persons living in urban areas and 1 physician to 819 persons living in rural areas). Some rural communities have too few or no health care providers at all; in other communities there are providers, but none who can afford to take any more Medicare or Medicaid patients.

5. WHAT NEEDS TO BE DONE

The lack of providers in rural Oregon is projected to worsen over the next decade as physicians retire or leave practices and fewer physicians are available to replace them according to a recent survey conducted by the Oregon Practice-based Research Network. Critical factors in recruiting and retaining physicians in rural areas include earnings relative to student loan debt and cost of living and opportunities to remain professionally stimulated.

6. ABOUT THE DATA

The reporting cycle is the academic year.



ORS 353.030 (1) It shall be the public policy of Oregon Health and Science University in carrying out its missions as a public corporation ... (2) The university will strive for excellence in education, research, clinical practice, scholarship and community service... (3) The university is designated to carry out the following public purposes and missions on behalf of the State of Oregon... (4) The university shall carry out the public purposes and missions of this section in the manner that, in the determination of OHSU Board of Directors, best promotes the public welfare of the people of the State of Oregon. [1995 c. 162 § 3; 2001 c. 123 § 3]

KPM #22	RURAL PIPELINE Rural K-12 students enrolled in healthcare education pipeline program(s).	Measure since: 2005
Goal	RURAL PIPELINE – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
Oregon Context	EDUCATION OBM #26: College Completion; ECONOMY OBM #1: Employment in Rural Oregon.	
Data source	Annual reports prepared by Areas Health Education Center for federal reporting.	
Owner	Lisa G. Dodson, MD, Director, AHEC; Associate Professor Family Medicine, (503) 494-4896	

1. **OUR STRATEGY**

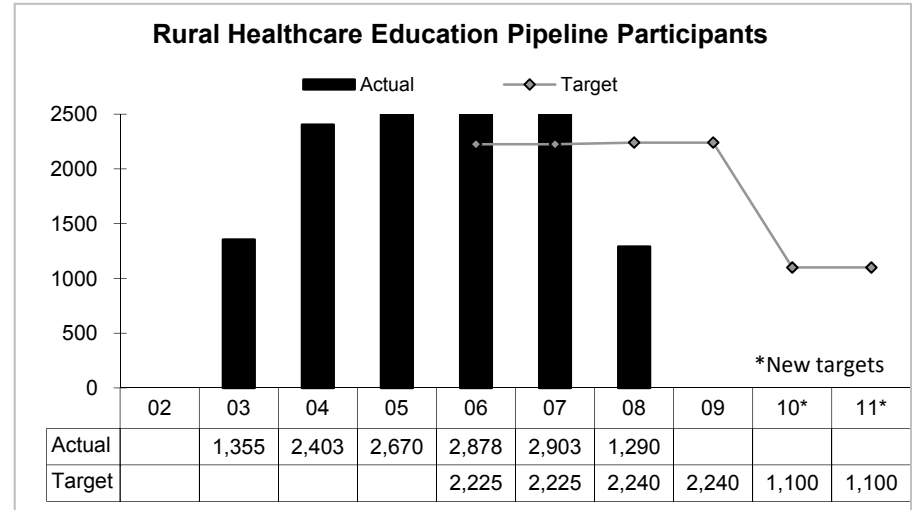
Promote health-career pathways for elementary through high school students from rural and under-served communities.

2. **ABOUT THE TARGETS**

In the student healthcare education pipeline example at right, a higher number reflects that more students are participating in programs and activities designed to stimulate their interest in career opportunities in healthcare.

3. **HOW WE ARE DOING**

Since 2007, the approach to providing educational pipeline programs has been significantly altered to improve the quality, depth and contact time that students experience. While there are now fewer participants, the experience is now much more robust and the students spend considerably longer learning about careers in health care professions, a change that has received very positive feedback. The targets beginning in FY10 have been revised to reflect this change in approach.



4. **HOW WE COMPARE**

We are developing a way to capture all of the outreach and pipeline activities undertaken by OHSU and their impacts.

5. **FACTORS AFFECTING RESULTS**

The “geographic pipeline” for medical students includes premedical education through entry to residency training. There is evidence from Minnesota that in-state practice retention is strongly associated with graduation from a state high school. These programs are pieces of a strategy to reduce health disparities and unequal access to medical care in rural and urban, underserved Oregon communities.

6. **WHAT NEEDS TO BE DONE**

JLAC directed OHSU to revise and consolidate four KPMs related to strategies to improve access to medical services in Oregon’s rural and urban, underserved communities.

7. **ABOUT THE DATA**

The reporting cycle is federal fiscal year.

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KPM #23	RURAL HEALTH Ratio of federal funds received to state funds contributed to the Office of Rural Health	Measure since: 2005
Goal	RURAL HEALTH – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
Oregon Context	ECONOMY OBM #1: Employment in Rural Oregon; SOCIAL SUPPORT OBM #39-46: Clinical Excellence and Healthy Oregonians.	
Data source	Annual reports prepared by the OHSU Office of Rural Health. Federal dollars are the denominator.	
Owner	Scott Ekblad, Director, OHSU Office of Rural Health, 503.494-4450	

1. **OUR STRATEGY**

Develop community and education partnerships to improve delivery of health care in rural Oregon.

2. **ABOUT THE TARGETS**

This ratio reflects the state funds that leverage federal funds.

3. **HOW WE ARE DOING**

Since 2000, the ORH has at least doubled the state investment.

4. **HOW WE COMPARE**

The Office depends on the federal government for 67% of its funding.

5. **FACTORS AFFECTING RESULTS**

OHSU's Oregon Office of Rural Health has a 30-year record of success in forming rural health care systems and helping them to remain viable. Demand for the Office's services continues to grow, while their reliance on shrinking federal and state funding puts them in a precarious position. The federal grants are allocated based on a formula outside the control of OHSU.

6. **WHAT NEEDS TO BE DONE**

The Oregon Office of Rural Health proposes to diversify and increase its resources through a variety of fundraising, grant writing and revenue generation strategies. A small investment in fundraising capacity from the state would yield significant returns. A public/private partnership would enable the Office of Rural Health to not only enhance its work with clinics, hospitals and communities in rural Oregon, but to expand them into the arenas of oral health, mental health, health care reform and emergency medical services. ORPRN is a statewide network of rural clinics dedicated to collaborative research to improve the health of rural Oregonians.

7. **ABOUT THE DATA**

The reporting cycle is the federal fiscal year.

Ratio of Federal Funds to State Funds contributed to the Office of Rural Health

