

# Oregon Health & Science University Annual Performance Progress Report (APPR) 2017-2019

## 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 2013-2015 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.

<b>2017-19 KPM#</b>	<b>2017-19 Key Performance Measures (KPMs)</b>	<b>Page #</b>
1	<b>DMD ACCESS</b> – Percent of entering cohort who are in-state DMD students	11
2	<b>MD ACCESS</b> – Percent of entering cohort who are in-state MD students	12
3	<b>NURSING ACCESS</b> – Percent of entering nursing cohort who are in-state students	13
4	<b>NURSING COMPLETION</b> – Percent of nursing student cohorts completing bachelor's degrees	14
5	<b>DEGREES</b> – Total number of degrees and certificates awarded	15
6	<b>DENTAL WORKFORCE</b> – Total number of DMD degrees awarded	16
7	<b>PHYSICIAN WORKFORCE</b> – Total number of MD degrees awarded	17
8	<b>NURSING WORKFORCE</b> – Total bachelor's degrees awarded in nursing.	18
9	<b>NURSING FACULTY</b> – Total graduate degrees and certificates awarded in nursing.	19
10	<b>PROFESSIONAL COMPETENCE</b> – Percent of DMD students passing senior-level credentialing examinations on their first attempt	20
11	<b>PROFESSIONAL COMPETENCE</b> – Percent of MD students passing senior-level credentialing examinations on their first attempt	21
12	<b>PROFESSIONAL COMPETENCE</b> – Percent of bachelor's level nursing students passing senior-level credentialing examinations on their first attempt	22
13	<b>RESEARCH PRODUCTIVITY</b> – Research dollars per faculty	23
14	<b>OREGON POISON CENTER</b> – Percent of calls to the Oregon Poison Center managed without requiring referrals to community emergency services	24
15	<b>CDRC SERVICES</b> – Total clinical, surgical and/or diagnostic services provided to patients	25
16	<b>MD CLINICAL ROTATIONS</b> – Total number of medical student weeks served in rural and urban, underserved communities	26
17	<b>RURAL PRECEPTORS</b> – Total number of physicians supervising medical students in rural communities	27
18	<b>RURAL PIPELINE</b> – Total number of rural K-12 students enrolled in science and healthcare education pipeline programs	28
19	<b>RURAL HEALTH</b> –Federal funds generated per state dollar invested in the Office of Rural Health	29

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**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 put most emphasis on the education and public service 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 community service and public outreach, we address the effectiveness of the Oregon Poison Center, participation of students across disciplines in clinical rotations in underserved communities in Oregon providing students an opportunity to experience health care provider life in areas beyond Portland. In addition, meeting Oregon’s statewide workforce needs is a big component of our public service mission. 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-16 science and health career pipeline.

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

Oregon Health & Science University strives for excellence in education, research, patient care, and community service. The university educates the next generation of health care professionals, biomedical scientists and leaders of health-related organizations; creates new knowledge; translates scientific research into therapies and cures for disease; provides compassionate, evidence-based patient care; and improves health in all communities through access to care and policy initiatives.

In addition to the MD, DMD and undergraduate and graduate nursing programs supported by the State, OHSU admitted students into more than 50 additional educational programs leading to degrees or certificates. In 2016-17 these additional programs accounted for 647 of the 1341 degrees and certificates awarded by OHSU. OHSU also has 82 Graduate Medical Education programs in which 835 interns, residents and fellows were trained in 2017.

Healthcare institutions recognize their responsibility to help create healthier communities. To that end, Oregon has established a mandatory Community Benefit Reporting Program, which began in January 2008. To classify as a community benefit, programs or activities must generate costs that exceed their income. Community benefits include charity care (also known as uncompensated care), government sponsored healthcare (Medicare and Medicaid as well as other public programs which offer lower rates of reimbursement than commercially insured patients) and other services provided for the benefit of the community, such as health professions education, research, and community health improvement services. In 2017, OHSU provided \$16 million in charity care, \$219 million in government sponsored healthcare and \$201 million

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in community benefit services across the whole state such as community health improvement services, health professions education, research and other community building activities.

**2. THE OREGON CONTEXT**

The Oregon Health & Science University has a direct impact on Oregon Benchmark (OBM) 26 (college completion) and OBM 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 OBM 1 (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.

**[OBM 26 & 1]** With the addition of the new Joint OHSU-PSU School of Public Health, OHSU will admit students into more than 70 educational programs leading to degrees or certificates on campuses in Portland and throughout the state. OHSU is the only public university in Oregon that grants doctoral practice degrees in both medicine and dentistry, research doctoral degrees in biomedical sciences and nursing, and master's degrees and certificates in Clinical Research, Dentistry, Dietetic Internship, and Human Investigations. OHSU offers the only public option for Nursing at the baccalaureate level in Oregon. It also provides statewide access by locating several of its programs on the campuses of four public Oregon universities, offering an on-line program for R.N. to B.S. completion, and partnerships with numerous Oregon community colleges. The university partners with other public Oregon universities to train students in health care fields including Pharmacy with Oregon State University, public health programs with Portland State University under the new Joint OHSU-PSU School of Public Health in addition to a MBA program in Healthcare Administration with PSU, Medical Physics with OSU, as well as Medical Laboratory Science, Emergency Medical Technology - Paramedic Education and Emergency Medical Services Management with Oregon Institute of Technology.

In 2016-17, OHSU awarded 1341 degrees and certificates (including degrees and certificates awarded with our partner public Oregon universities) and our graduates in dentistry, medicine and nursing passed their professional credentialing examination with a 93% success rate or higher on the first attempt. In 2017 for the 2018 year, U.S. News & World Report ranked the School of Medicine 4<sup>th</sup> in primary care, 2<sup>nd</sup> in family medicine and 2<sup>nd</sup> in rural health. In 2016 for the 2017 year (not all programs are included every year in the rankings) U.S. News & World Report ranked the physician assistant program 5<sup>th</sup> and ranked the School of Nursing's nurse-midwifery program 4<sup>th</sup>.

**[OBM 7b]** In FY17 OHSU Faculty brought \$410.2 million in research funding to the university from outside the state of Oregon. Federal sources accounted for about 69% of this funding with the remainder coming from industry and the private sector. OHSU is ranked among the nation's top 30 biomedical research institutions, according the Blue Ridge Institute for Medical Research's annual independent analysis of NIH funding.

Another important contribution to the economy of the State is the new start-up companies arising from research conducted by OHSU faculty, staff and students. The Technology Transfer and Business Development office (TTBD) fosters the development of OHSU's intellectual property and launches start-up companies based on OHSU technologies. In FY2017, OHSU TTBD launched three startup companies bringing the cumulative total number of startups to 63 since 1998

**[OBM 39-46]** As Oregon's only public academic health center, OHSU provides an extensive range of services, from everyday health care needs to complex, highly specialized therapies. OHSU Hospital is ranked No. 1 in Oregon and No. 1 in Portland by *U.S. News & World Report Best Regional Hospitals* for 2017-18. It ranks among the best in the nation in seven adult specialties including cancer; ear, nose and throat; cardiology

## OREGON HEALTH & SCIENCE UNIVERSITY

## II. USING PERFORMANCE DATA

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and heart surgery; diabetes and endocrinology; geriatrics; nephrology; and neurology and neurosurgery. OHSU is also recognized as “high-performing” in four additional medical specialties including gastroenterology and GI surgery; orthopedics; urology; and pulmonology. *U.S. News & World Report* also ranked OHSU Doernbecher Children’s Hospital in 7 of the 10 children’s specialties that are ranked.

In fiscal year 2017, OHSU hospitals and clinics saw 303,000 patients, with 1,100,000 visits. OHSU is a regional resource for patients from Oregon, southwest Washington, Idaho, Montana, Alaska and northern California. However, more than 90 percent of the patients OHSU serves are Oregonians and of the hospitalized patients coming to OHSU from within the state’s boundaries, 42 percent live outside of the Portland tri-county metropolitan area. In addition, the School of Dentistry run safety net dental clinics serve about 18,000 patients annual many of who are on the Oregon Health Plan.

**[OBM 1, 4 & 11]** As one of Oregon’s largest employers, and the largest employer in Portland, OHSU has a significant economic impact on the State. It is estimated that OHSU helps to create jobs for approximately 33,685 people which in turn fuels \$4.3 billion in economic activity per year. In addition, it is estimated that over half of this impact is unique to OHSU and its absence would result in the loss of about 17,000 jobs and \$2.4 billion.

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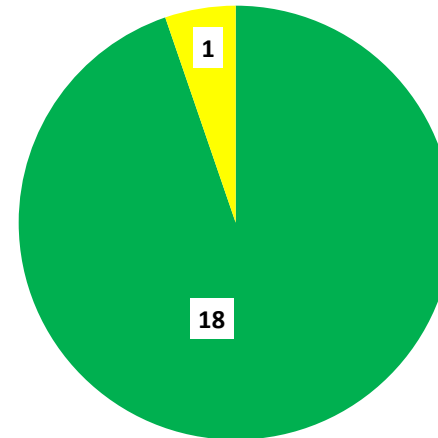
### 3. PERFORMANCE SUMMARY

We rate results as MAKING PROGRESS for 18 of 19 KPMs:

- KPM # 1: DENTAL EDUCATION ACCESS
- KPM # 2: MD ACCESS
- KPM #3: NURSING ACCESS
- KPM # 4: NURSING COMPLETION
- KPM # 5: TOTAL DEGREES & CERTIFICATES AWARDED
- KPM # 6: DENTAL WORKFORCE
- KPM # 7: PHYSICIAN WORKFORCE
- KPM # 8: NURSING WORKFORCE
- KPM # 9: NURSING FACULTY
- KPM # 10: DENTAL PROFESSIONAL COMPETENCE
- KPM # 11: PHYSICIAN PROFESSIONAL COMPETENCE
- KPM # 12: NURSING PROFESSIONAL COMPETENCE
- KPM # 13: RESEARCH PRODUCTIVITY
- KPM # 14: OREGON POISON CENTER
- KPM # 15: CDRC SERVICES
- KPM # 16: MD CLINICAL ROTATIONS
- KPM # 18: RURAL PIPELINE
- KPM # 19: RURAL HEALTH FUNDS

### OHSU Performance Summary

■ Making Progress      ■ Unclear



We rate results as UNCLEAR PROGRESS for 1 of 19 KPMs:

- KPM # 17: RURAL PRECEPTORS

We rate results UNCLEAR for KPM # 17: Rural Preceptors. In 2017, 68 physicians were Lead Preceptors for medical students during their rural rotations. While this is below the target of 84, it does not include the teams of numerous physicians that teach and mentor students at each site. A growing concern across all of the health profession programs at OHSU and shared by other health care training programs in the state is the availability of preceptors willing to take students into their practices. One of the key drivers behind this lack of available providers is competition from health profession students from public and private institutions outside of Oregon. Students from these organizations are often coming to Oregon because the lack of available preceptor sites within their home State and many of these outside institution are paying providers to take their students.

### 4. CHALLENGES

In a state whose population has increased by 68% or over 1.27 million persons since 1980, there is an increasing need for health care professionals. Oregon Health & Science University plays a vital role, training the next generation of Oregon's physicians, dentists, nurses,

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physician assistants, and scientists in nationally ranked higher education programs. OHSU is Oregon's premier biomedical research university. OHSU hospital and clinics provide highly specialized care not available anywhere else in Oregon.

Two external forces currently are shaping the future needs of the health care workforce. First, the aging population, which by necessity will require additional health care services of increased complexity. Second, Oregon's health care providers themselves are aging, and thus are expected to enter retirement at a much higher rate in the near future. Thus, to ensure adequate access for Oregon's population, especially with healthcare transformation, the State, now more than ever, will must continue to invest in OHSU health care programs and graduates of OHSU's professional schools. However, equally important, is the need to emphasize appropriate distribution of providers throughout the state so that both urban and rural areas are afforded quality care close to home.

There are numerous challenges in determining how best to serve the healthcare needs of the state through OHSU's programs and health care services. Changes and continued uncertainty at the federal level with the Affordable Care Act continue to threaten the stability of health care providers across the country including OHSU. Reimbursement rates for services provided to patients are not keeping up with the increased costs to provide these health care services making it difficult to maintain access to critical health care services for Oregonians. In reaction to declining reimbursement, among other things, the health care marketplace is consolidating increasing the risk that Oregonians won't have access to OHSU services under their insurance plans. The clinical mission is not only where we provide services but the platform for how we train our students and bring innovations from the lab to the bedside. OHSU continues to partner with other community hospitals and providers in order to meet the goals of health care transformation and address some of the challenges identified above. With additional financial strain on our clinical system also comes additional challenges in meeting the needs of our education and research missions.

Two critical challenges in creating the workforce Oregon needs relate to the mal-distribution of providers throughout Oregon, and to the rising cost of tuition, which adversely affects provider choice by limiting the kind of student who can enter these schools or by driving students to choose lucrative subspecialties rather than primary care.

The mal-distribution of providers—whether dentists, nurses, physician assistants, nurse practitioners, pharmacists or physicians—is a very real issue for a large portion of the state. It is difficult to recruit and retain providers in more rural areas. In addition, student tuition rates have reached a level that is creating extraordinary challenges for students who graduate with large debt burdens and wish to pursue primary care after graduation. They may choose to enter subspecialty areas, rather than fill the primary care needs of our state. Primary care access is critically important to ensure that Oregonians stay healthy before utilizing the more expensive care that occurs once a patient is sick or develops a chronic disease. The success of Oregon's Coordinated Care Organizations (CCOs) depends on a robust primary care network of nurse practitioners, physician assistants, mental health professions, physicians, dentists, and others to create a healthier population and drive down the exponential growth of health care costs.

In 2013 OHSU introduced the Tuition Promise to students matriculating into many of its health profession programs including those funded directly by State appropriations. Through this program the tuition rate paid by matriculating students is "locked in" with no rate increased for the remainder of their studies, as long as they complete the degree within the timeframe specified by the degree program. OHSU has also worked extremely hard to keep annual tuition increases as low as possible. In Academic Year 2018-19 the OHSU Tuition Promise rate increases for new students range from 0% to 3% for Oregon residents and from 0% to 3.6% for non-residents. While the full impact of these



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actions will take a couple of more years to realize, there is already a notable decrease in graduating student debt for MD students. In fact, the average debt for graduating MD students in 2016-17 was lower than the prior year's average for the third year in a row.

Established in 2013 by the State of Oregon in response to a request by OHSU, the Scholars for a Healthy Oregon Initiative (SHOI) addresses two critical challenges that exist when educating health providers for the state of Oregon: the high cost of tuition; and the mal-distribution of providers throughout the state. The Oregon Legislature initially allocated \$2,500,000 to be used to fund the full tuition and fee expenses for a limited number of eligible students entering specific clinical degree programs at OHSU (Doctor of Medicine, Doctor of Dental Medicine, Master of Physician Assistant Studies and Master of Nursing) during the 2014-15 academic year. The Oregon Legislature has since allocated an additional \$10,353,380 to fund eligible students entering from the 2015-16 through the 2018-19 academic years. Priority consideration is given to applicants who graduated from an Oregon high school in a rural location or underserved community, first generation college students and students from diverse or underrepresented communities. In return for SHOI funding, each funding recipient agrees to practice as a healthcare practitioner in a rural or underserved community in Oregon for a minimum of one year longer than the total years of funding received. Seventy-four entering students have been awarded funding from the 2014-15 academic year through the 2017-18 academic year. This is anticipated to result in a service commitment in a rural or underserved area of Oregon for 17 Physician Assistants serving a combined total of 51 years, 25 Advanced Practice Nurses serving a combined total of 75 years, 10 Dentists serving a combined total of 50 years, and 22 Physicians serving a combined total of 110 years, for a grand total anticipated combined obligation of 286 years of service. Furthermore, an additional 25 entering students to date have been awarded funding for the 2018-19 academic year, resulting in an additional 97 anticipated years of service obligations in rural and underserved Oregon. This program is no longer funded directly to OHSU but will compete for funding with allocations decided by the Oregon Health Policy Board subcommittee on Workforce. It is possible that funding will be reduced under this new decision making body leading to less OHSU students receiving scholarships and practicing in rural Oregon communities.

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.

#### **5. RESOURCES USED AND EFFICIENCY**

Financially, OHSU divides its operations into two parts -- the hospital, or clinical operations, and the university, which includes education, research and administrative operations.

In FY17 OHSU's total annual operating revenue was over \$2.8 billion. With this money each year the university funds over 16,000 jobs, educates over 4,300 students and trainees, supports over 3,500 ongoing externally funded research projects, and generates unique annual regional economic activity in excess of \$2 million. In FY17 OHSU saw over 67,000 hospital patients, conducted nearly 900,000 ambulatory visits and supported hundreds of community outreach services. The majority of OHSU's revenue relates to patient care, however, the university

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receives approximately 1.3% of its operating budget from the State of Oregon General Fund. State appropriations are primarily used to help support the educational programs in the Schools of Dentistry, Medicine and Nursing where they represent about 24% of the funding required to support these programs. The General Fund appropriation also provides support for the programs of CDRC (Children’s Development and Rehabilitation Center), which provides statewide clinical services for children with special health care needs, the Oregon Poison Center, which provides rapid statewide triage services to reduce mortality from poisonings and toxic exposures, the Office of Rural Health and the Area Health Education Centers (AHEC) which provide the K-12 programming to support the healthcare and science pipeline. As a leader in biomedical research, OHSU earned \$410.2 million in research funding in fiscal year 2017. 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, and OHSU received 151 invention disclosures and entered into 93 license and option agreements in FY17.

Facing Financial Challenges

In 1995, the Oregon legislature restructured OHSU as an Oregon public corporation that maintained its essential public nature while granting the flexibility to succeed in a new and rapidly changing health care market place—a financial environment that has grown only more complex in recent years. Using these tools, OHSU has been able to secure the resources, particularly from clinical earnings and philanthropy, to provide the citizens of Oregon with a great public health sciences university that in other states would have to be supported with much larger general fund appropriations.

Direct funding sources of grants, tuition and State appropriations cover only 70% of the cost of research and education, a share continues to decline nationally. The remaining 30% (or approximately \$210 million per year at OHSU) is funded by a balance of gifts and clinical earnings. OHSU works closely with the Oregon Health Authority through Intergovernmental Transfers (IGTs) to leverage federal funds to create a clinical revenue environment that allows additional revenue to be used to support this gap in funding for OHSU’s education and research programs. This approach is integral to OHSU’s strategy of partnering for leadership in health and science innovation to improve the health and well-being of Oregonians. Key to success is ensuring that Oregonians continue to have access to their public health sciences university, and that OHSU serves all populations of Oregon across its missions of education, research, patient care and outreach, with special focus on inclusion and equity.

Downward pressure on federal funding for research, efforts to bend the curve of health spending coupled with industry consolidation, and limits on tuition due to high student debt loads, are stressing this financial model and require even greater focus on increasing efficiency and value-generation throughout the University.

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

<p><b>1 INCLUSIVITY</b> Describe the involvement of the following groups in the development of OHSU's performance measures.</p>	<ul style="list-style-type: none"> <li>• Staff: The President and his Executive Team (referred to as Leadership henceforth) review the financial performance of the institution on a monthly basis and compare the data to budget for significant variances. During this monthly review the Leadership also reviews overall patient activity, admissions, hospital revenue/expense per case mix index (CMI) adjusted discharge, Faculty Practice Plan RVUs and collections, OHSU Foundation performance and research expenditures. Positive and negative variances are analyzed to determine the underlying causes so that corrections can be made and lessons can be learned. The financial performance is also reviewed at each quarterly meeting of the OHSU Board of Directors and audited at the close of each fiscal year.</li> <li>• The Leadership 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 Executive Vice President &amp; Provost, Elena Andresen; Executive Vice President and Dean, Sharon Anderson; Executive Vice President for OHSU Health System John Hunter; and Executive Vice President and Chief Financial Officer, Lawrence Furnstahl;</li> <li>• 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 2017 Legislature as a part of the OHSU appropriation.</li> <li>• Stakeholders: Customer groups have the opportunity to provide feedback and evaluate OHSU's performance. Several performance indicators are based on surveys of patients. Student surveys are also a key component of the ongoing assessment of educational programs.</li> </ul>
<p><b>2 MANAGING FOR RESULTS</b> 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"> <li>• Each of the four 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.</li> </ul>

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<p><b>3 STAFF TRAINING</b>                  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"> <li>• In 2015, OHSU's accrediting agency, NWCCU, conducted a site visit as a scheduled follow-up to a comprehensive self-study submitted earlier in the year. Through the development of the self-study and in preparation for the site visit, staff were provided updates on OHSU's KPMs and the progress towards attaining the targets. The quality of OHSU's programs is assessed regularly by a variety of discipline and profession specific accrediting agencies that rely heavily on outcome measures to monitor performance. As a result there is a strong culture of using data to measure performance and staff are well versed in the practical value and use of performance measures. In January 2016, NWCCU reaffirmed OHSU's accreditation. OHSU submitted a Year-One report to NWCCU in Fall 2016 and will submit a Mid-Cycle report to NWCCU in Fall 2018. NWCCU will conduct a mid-cycle site visit in Fall 2018 to assess OHSU's readiness to provide evidence of mission fulfillment and sustainability during the year seven site evaluation.</li> </ul>
<p><b>4 COMMUNICATING RESULTS</b>                  How does OHSU communicate performance results to each of the following audiences and for what purpose?</p>	<ul style="list-style-type: none"> <li>• OHSU publishes an Academic Fact Book to provide current year data and multiple-year data trends related to programs, enrollment, degrees, research, operating budget and philanthropy. This Fact Book is available as hard copy and on-line at: <a href="http://www.ohsu.edu/factbook">www.ohsu.edu/factbook</a></li> <li>• Elected Officials: OHSU provides regular information and updates to federal, state, and local elected officials on its progress and results. Additionally, OHSU provides the most recent Academic Fact Book and OHSU's Audited Financials to state legislators each year. KPMs are used to support the development of policy.</li> <li>• Stakeholders: The OHSU Board of Directors communicates the performance results at their regular public meetings. Several publications are prepared to share results and accomplishments with stakeholders and are updated regularly.</li> <li>• Citizens: OHSU Board of Directors meetings are held quarterly and are available to the public. Several publications are prepared to share results and accomplishments with stakeholders.</li> </ul>

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KPM # 1	DMD ACCESS Percent of first-year dental school positions filled by Oregon residents.	Measure since: 2007
<b>Goal</b>	ACCESS – Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs	
<b>Oregon Context</b>	EDUCATION OBM #26: College Completion. ECONOMY OBM #4: Net Job Growth; graduates prepared to work in health professions.	
<b>Data source</b>	Based on the annual Institutional Enrollment Reports, OHSU Registrar’s Office	
<b>Owner</b>	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

**1. OUR STRATEGY**

Manage tuition policy to ensure an appropriate balance of cost, quality and access for Oregonians to OHSU’s nationally-ranked School of Dentistry.

**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). Targets are approved each biennium by the Legislature and reflect the anticipated reductions in state funding and the importance of attracting non-resident students to maintain program quality.

**3. HOW WE ARE DOING**

In 2017-18, Oregon residents comprised 58% of the entering dental cohort. The target has been exceeded for the last eight years.

**4. HOW WE COMPARE**

OHSU admits a smaller proportion of resident students compared to other public dental schools in the west. OHSU’s SOD provides the only portal in the state for training Dentists, many of whom stay in the state to practice. The majority of dentists working in Oregon have received part of their training at OHSU’s SOD.

**5. FACTORS AFFECTING RESULTS**

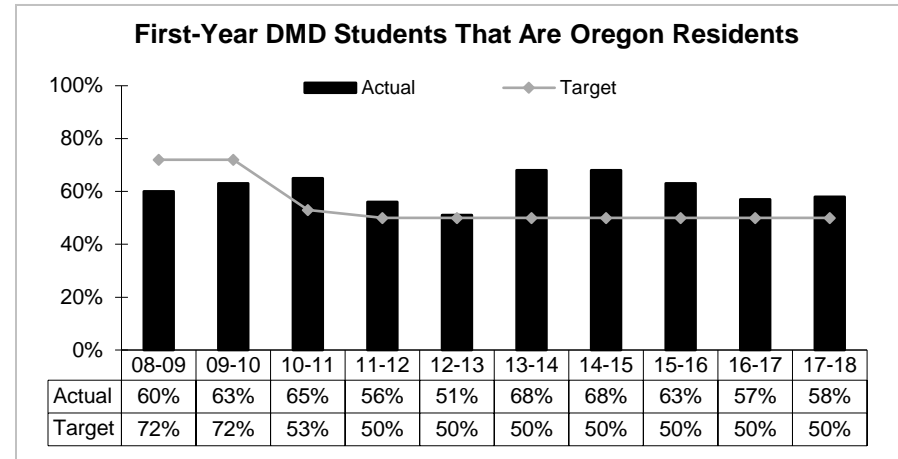
The size of the entering class and proportion of residents are constrained by state funding per student which is among the lowest in the country. Declining state support has resulted in higher tuition for dental students and restricts OHSU ability to contribute to reducing Oregon’s dental workforce shortage.

**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 U.S. trends, places at risk the overall health of Oregonians. The national dental faculty shortage is due to several factors: annual 10% turnover rate among faculty, unfilled vacancies, budget/ salary limitations and impending retirements in the next 10 years – the mean and median ages of dental faculty are over 50. 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	ACCESSS – 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, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

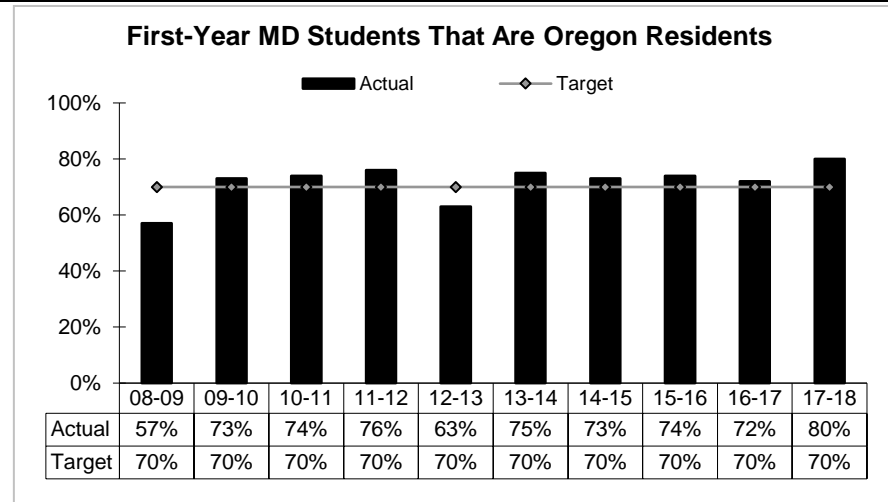
Manage tuition policy to provide access to Oregonians and maintain program quality. Increase access to Oregon’s only public medical school by making the program affordable for Oregon residents.

2. **ABOUT THE TARGETS**

The targets are set based on the capacity of the first-year medical school positions (cohort).

3. **HOW WE ARE DOING**

The drop in 2012-13 was due to a larger than normal number of WICHE students being admitted, an increased emphasis being placed on diversity, and a larger number of admitted Oregon students electing to study elsewhere. The percentage of first-year MD students that are Oregon residents has exceeded the target in the last five years and in 2017-18, Oregon residents comprised 80% of the entering MD cohort.



4. **HOW WE COMPARE**

The 2017-18 rate of first-year resident students was 68% at the University of California at San Francisco and 58% at the University of Colorado.

5. **FACTORS AFFECTING RESULTS**

In 2017-18, Oregon residents enrolled in the first-year MD at OHSU program paid \$48,726 in tuition and fees, compared to \$47,321 at the University of Washington and \$39,671 at the University of California San Francisco. Oregon’s resident students paid 22.8% more than California’s resident students to go to medical school in their home state.

6. **WHAT NEEDS TO BE DONE**

The high cost of medical education is a national issue. The legislature allocated \$12.6 million for students starting in the 2014-15 through the 2018-19 academic years to support the Scholars for a Healthy Oregon Initiative which provides for full scholarships to students in a number of OHSU’s health professions programs who are willing to commit to working in rural and underserved areas of the State after completion of their training. In the 2013-14 academic year OHSU also implemented the OHSU tuition promise for several clinical programs, which holds the tuition flat throughout a student’s degree. It is important to maintain this investment in the future so that more students realize a career in the health professions is attainable despite the education costs.

7. **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, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Manage tuition policy to ensure an appropriate balance of cost, quality and access to nursing education for Oregonians by providing several pathways to complete a B.S. in Nursing throughout the state.

2. **ABOUT THE TARGETS**

Ideal performance on this measure is a steady state of a high proportion of Oregon resident enrollment. This proportion must remain in balance with university resources to maintain quality.

3. **HOW WE ARE DOING**

In 2017-18, 94% of the first-year nursing students in OHSU bachelor-level nursing program were Oregon residents. OHSU’s regional strategy and state investments in the nursing program continues to produce high numbers of residents.

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 baccalaureate-level nursing programs in the United States and is true of Oregon’s neighboring states.

5. **FACTORS AFFECTING RESULTS**

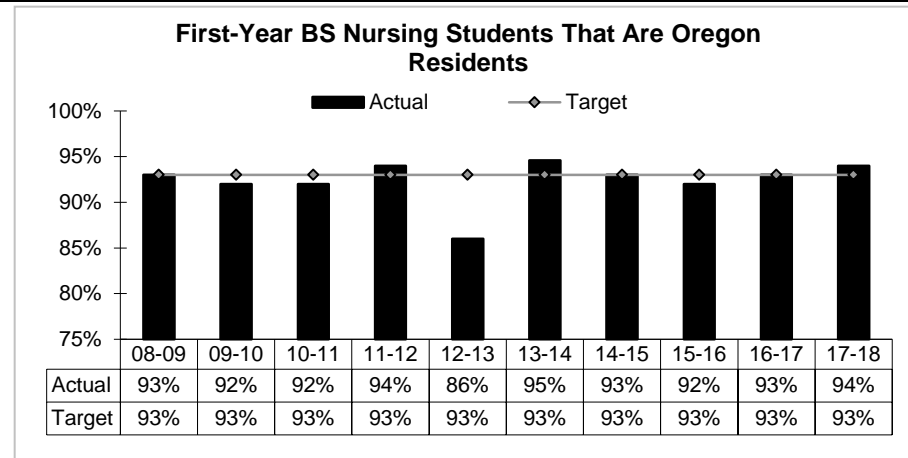
Students are selected for the nursing program based on rigorous admission criteria, with high overall GPAs and mathematics and science GPAs. The quality of the K-12 pipeline and quality of partner programs affects the proportion of in-state residents. Other factors include tuition and fees increases and the lack of scholarships available to support nursing students. Given the state investment, tuition for new students has increased slightly, providing much needed relief to OHSU’s nursing students. Many nursing students qualify for the OHSU Tuition Promise. The high public tuition can prevent students from underrepresented minority groups or 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.

6. **WHAT NEEDS TO BE DONE**

In order to attract Oregon residents 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 support Oregon student success.

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 baccalaureates.	Measure since: 2007
Goal	QUALITY – 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	OHSU Completion Reports	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Maintain and strengthen programs, policies and community partnerships to support timely academic progress for all nursing students to meet Oregon’s workforce needs.

2. **ABOUT THE TARGETS**

Targets for baccalaureate completion rate beginning in 2010-11 are based on students entering as sophomores and completing within 5 years (150% time).

(Note: Targets set prior to 2010-11 are based on students entering as juniors and completing baccalaureate within 3 years or 150% time).

3. **HOW WE ARE DOING**

Rates have been consistently at or above the target for several years, except for 2016-17 which was slightly below target. However, the 2017-18 rate should be back above the target.

4. **HOW WE COMPARE**

There are no national norms for this measure. OHSU students have higher completion rates than comparable students in sciences and health sciences at public Oregon institutions.

5. **FACTORS AFFECTING RESULTS**

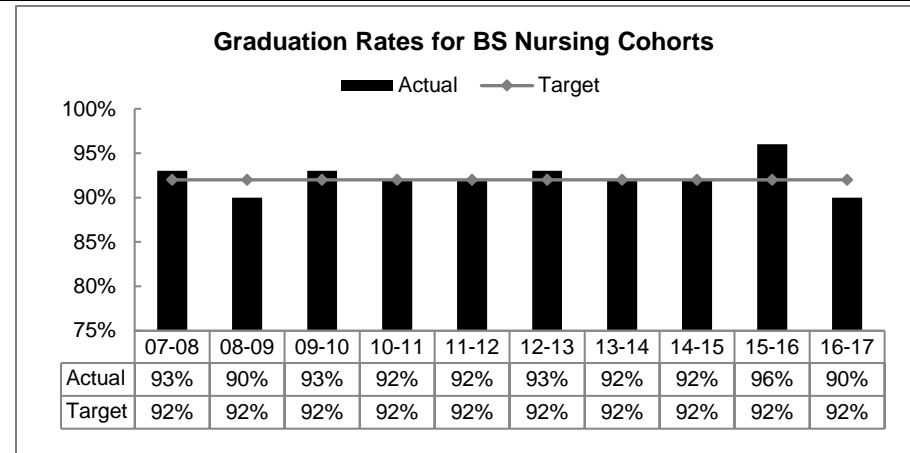
Student completion is influenced by several factors including: (1) rigorous admission criteria (high average GPAs and high mathematics and science GPAs), (2) students entering after completing first year of college, (3) students entering with baccalaureates in other fields, (4) academic progression standards based on competences attained in a rigorous academic program and (5) state-of-the-art clinical simulation labs to augment on-site clinical training.

6. **WHAT NEEDS TO BE DONE**

OHSU has created new models for students to become highly trained nurses in collaboration with Oregon universities and community colleges. Staff will analyze program effectiveness including how support programs meet the unique needs of diverse student populations.

7. **ABOUT THE DATA**

Graduation rates for years beginning in 2010-11 reflect a 150% rate for students entering OHSU as sophomore students. Excludes students enrolled through distance education/ on-line completion programs, accelerated baccalaureate programs or one-year community college transfer programs. The reporting cycle is the academic year.





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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 academic years indicated.	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Sustain the number of undergraduate and graduate students entering and completing degrees in healthcare professions and biomedical sciences through internationally respected programs and faculty, facility development, and strong support for students. Expand program opportunities by partnering with other Oregon institutions to deliver highly specialized degrees without adding additional faculty.

2. **ABOUT THE TARGETS**

Ideal performance on this measure is an increase in the number of graduate students earning advanced degrees in the biomedical sciences and engineering, and health care providers. The target has been exceeded for the last seven years.

3. **HOW WE ARE DOING**

In 2016-17, OHSU awarded 1,341 degrees and certificates (including degrees and certificates awarded with our partner public Oregon universities). The number of degrees and certificates awarded fluctuates annually due to student progression rates. The increase in 2016-17 represents additional degrees awarded under the new joint OHSU/PSU School of Public Health.

4. **HOW WE COMPARE**

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

5. **FACTORS AFFECTING RESULTS**

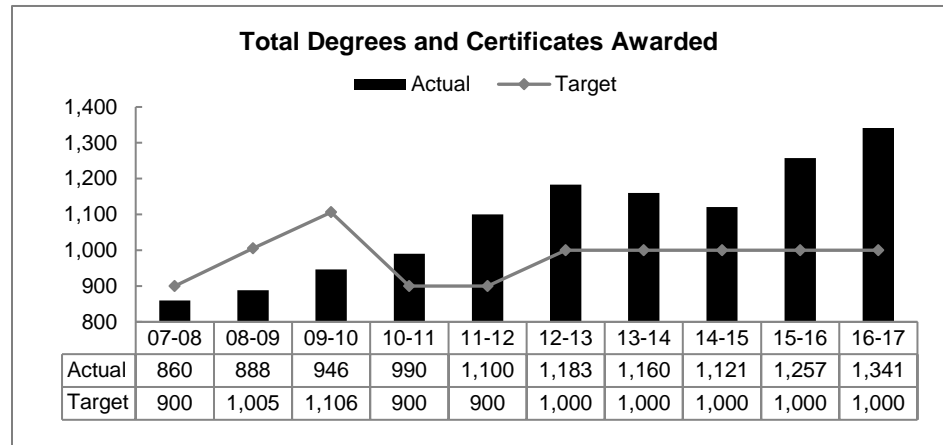
The quality of entering students is very high and is a good predictor of student success in completing degrees.

6. **WHAT NEEDS TO BE DONE**

For Oregon’s economy to grow, researchers and scientists are needed in industrial and academic environments. Today’s health care workforce is insufficient to meet existing demands; this includes physicians, nurses and allied health professionals. This leaves in question OHSU’s ability to train a sufficient number of health professionals for the future. 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, Oregon State University, and Portland State University.



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KPM #6	DENTIST WORKFORCE Total DMD 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 academic years indicated.	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Provide a quality program that prepares graduates for successful dental practice.

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 2016-17, OHSU awarded 70 DMD degrees, which is slightly lower than the target. Fluctuations in yearly degree completions can occur when students need to complete a term or two late in order to complete clinical requirements, or need to leave the program for personal reasons.

4. **HOW WE COMPARE**

With a high pass rate on the dental licensure exam, OHSU has a reputation of training superb clinical dental practitioners.

5. **FACTORS AFFECTING RESULTS**

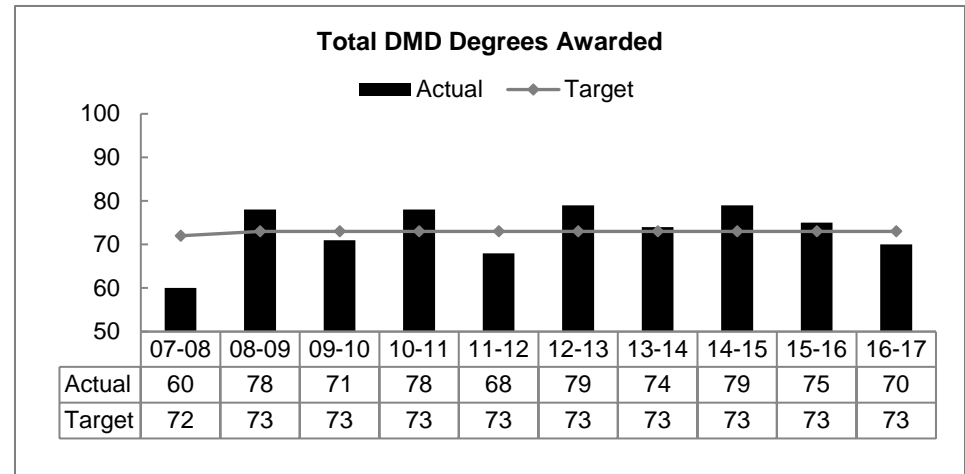
In 2016, the School of Dentistry moved to the Collaborative Life Science Building which provides greater capacity for training DMD students as well as post-graduate students in dental specialties.

6. **WHAT NEEDS TO BE DONE**

While there is not a clear need to increase the number of dentists in Oregon, there is a clear mal-distribution as shown by the number of Dental Healthcare Professional Shortage Areas (HPSA) in the State. To encourage students to select rural and urban, underserved communities for their practices, we began offering a clinical experience in established dental practices throughout Oregon beginning 2008-09.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



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KPM #7	PHYSICIAN WORKFORCE Total MD Degrees 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 academic years indicated.	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

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**

Targets are derived from the size of the cohort admitted 4 years prior to the year indicated. Graduation rates in the M.D. program are high (96% of students completed the MD in 150% of normal completion time).

3. **HOW WE ARE DOING**

The number of degrees awarded has met or exceeded the target in the last six years.

4. **HOW WE COMPARE**

The University of California at San Francisco awarded 157 MD degrees, the University of Washington 235 MD degrees and University of Colorado 155 MD degrees in 2016-17.

5. **FACTORS AFFECTING RESULTS**

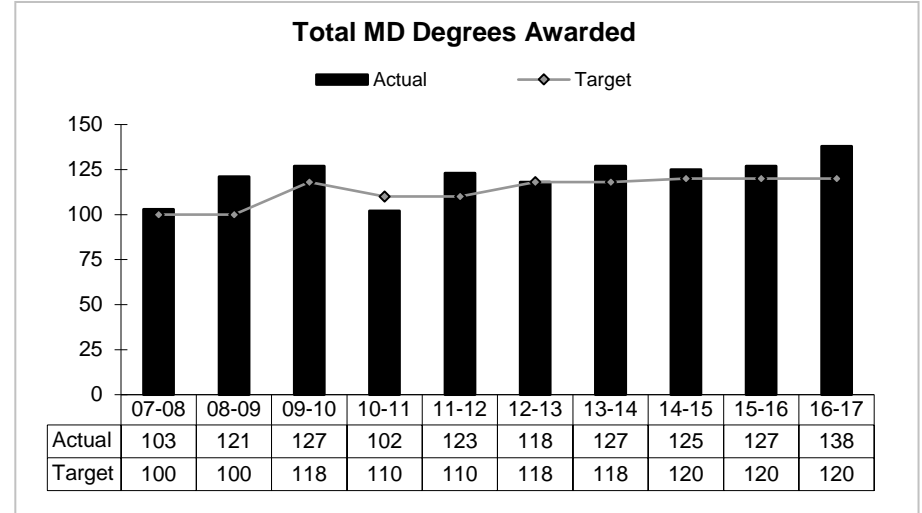
Graduation rates in the M.D. program are high (96% of students completed the MD in 150% of normal completion time) and retention of students once admitted is not a factor.

6. **WHAT NEEDS TO BE DONE**

With the additional capacity provided by the OHSU/OUS Collaborative Life Sciences Building, the entering MD cohort is anticipated to eventually increase to 160 students by 2018.

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	QUALITY – 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 academic years indicated.	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Promote partnerships and programs that increase student access, facilitate student progress, and ensure academic quality at the undergraduate level.

2. **ABOUT THE TARGETS**

Targets assume sustained state investment in base capacity plus the supplements provided in POPs funded in 2007 legislative session at Ashland, Klamath Falls, La Grande, and Portland plus addition of a fifth site in Monmouth.

3. **HOW WE ARE DOING**

OHSU awarded 373 bachelor's degrees in nursing in 2016-17. The target has been exceeded in the last 5 years.

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**

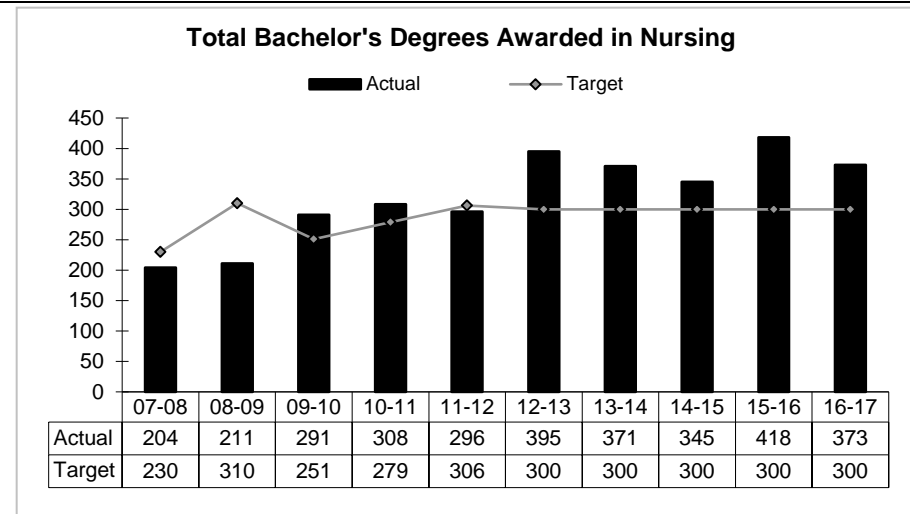
Results have maintained consistently above the target since 2012-13.

6. **WHAT NEEDS TO BE DONE**

OHSU continues to enroll a larger number of accelerated nursing students. Effective with the 2014-15 academic year, nursing students are also being admitted to the accelerated program on the OHSU Ashland campus, thereby providing the accelerated program outside of the Portland Metropolitan area. Bachelor's degree production also depends on qualified students entering OHSU's nursing programs (from universities and Oregon community colleges), obtaining the non-nursing classes they need to complete their degrees. OHSU must monitor access and affordability of the nursing program. The overall health and well-being of Oregon citizens depends on having a viable public option to attain baccalaureate nursing education throughout the state.

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	HEALTH CARE 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 and certificates awarded during academic years indicated.	
Owner	Cherie Honnell, Vice Provost for Enrollment Management & Academic Programs	

1. **OUR STRATEGY**

Increase graduate-level nursing capacity to ameliorate statewide faculty shortages and to increase Oregon’s workforce of highly educated nurses.

2. **ABOUT THE TARGETS**

Targets, beginning in 2010-11 are based on sustained state funding for the Nursing Education Expansion POP (2007 legislative session).

3. **HOW WE ARE DOING**

In 2016-17, OHSU awarded 113 advanced degrees and certificates in the School of Nursing. The average annual number awarded in the last seven years is 108. If State funding is maintained at current service levels, OHSU will be able to sustain annual production levels  $\geq 100$  for the next biennium. The target has been exceeded in the last seven years.

4. **HOW WE COMPARE**

There are no national norms. OHSU operates programs at capacity based on available resources.

5. **FACTORS AFFECTING RESULTS**

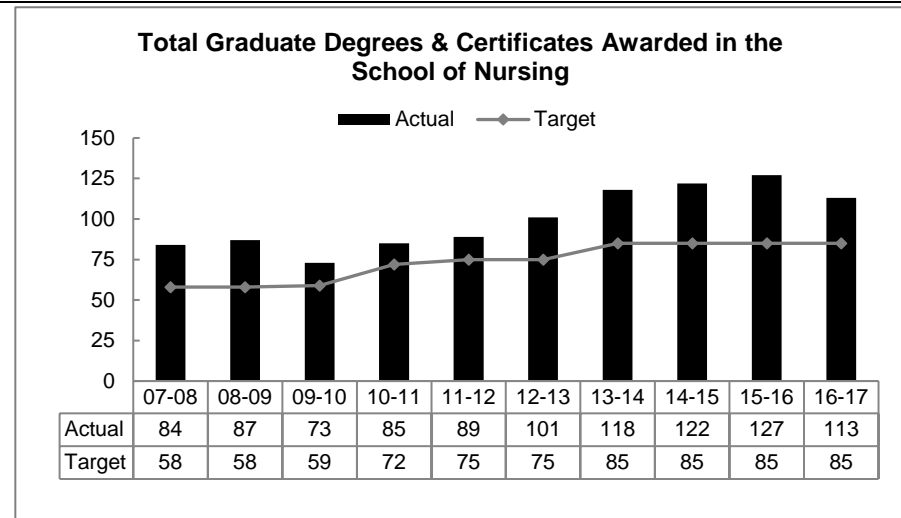
The increase in degrees and certificates awarded in the 2014-15 year is a result of the enrollment of a larger number of graduate nursing students in prior years. Graduate and professional nursing enrollment increased by 14% from Fall 2012 to Fall 2014.

6. **WHAT NEEDS TO BE DONE**

Maintain adequate enrollment of graduate and professional nursing students needed to develop the faculty 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 to meet the projected nurse educator shortage.

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	Bill Knight, DMD, Senior Associate Dean, School of Dentistry	

1. **OUR STRATEGY**

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

2. **ABOUT THE TARGETS**

The target is to meet or exceed the national pass rate on the national dental boards.

3. **HOW WE ARE DOING**

Dental students have met or surpassed the national average for the last three years.

4. **HOW WE COMPARE**

With the exception of 2010 and 2014, Dental students have a very high first-time pass rate on the national dental boards examination.

5. **FACTORS AFFECTING RESULTS**

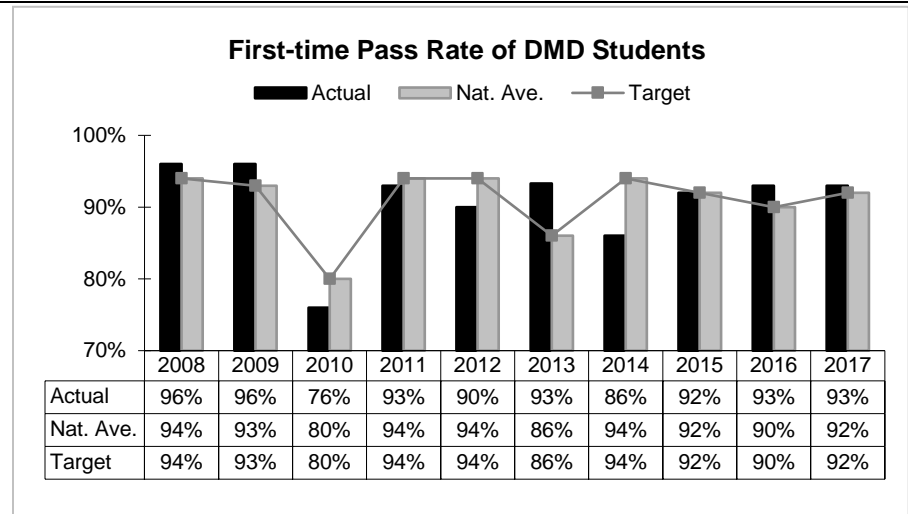
Given the small number of OHSU dental students, a failure of one student on this exam can have a big impact on the OHSU pass rate. The reasons for students not passing on the first attempt are frequently related to experiences beyond the control of the program (e.g., student illness). These students that fail on the first attempt typically 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 a calendar 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	Tracy Bumsted, MD, Associate Dean MD Program, OHSU School of Medicine	

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 similar to the national pass rate on the national boards (USMLE Step 2).

3. **HOW WE ARE DOING**

This measure has been at or above the target in the last six years.

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**

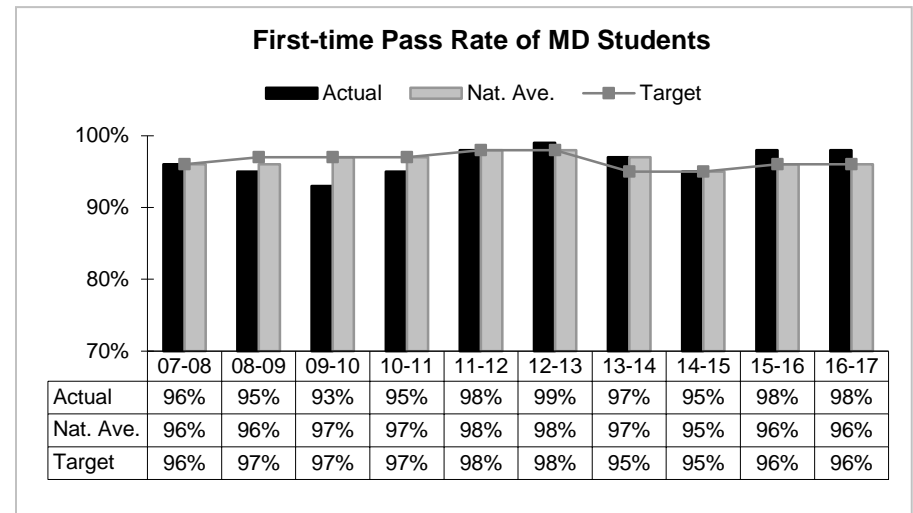
Licensure has several purposes that serve the public interest. Chief among them is reasonable assurance that a licensee has fulfilled requirements set forth by experts that are considered essential for safe practice in the medical profession. The reasons for students not passing tend to be related to experiences beyond the control of the program (e.g., student illness). OHSU students retake the exam and typically 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.



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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	Susan Bakewell-Sachs, Ph.D., R.N., F.A.A.N., Dean, School of Nursing	

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). In 2013 there was a change in the scoring for NCLEX resulting in the national average dropping. The target has been exceeded for the last 10 years.

3. **HOW WE ARE DOING**

OHSU School of Nursing continually evaluates its curriculum to ensure that its graduates are very well prepared to take their credentialing exams.

4. **HOW WE COMPARE**

Graduates of OHSU’s nursing program have consistently exceeded the national pass rate for the NCLEX.

5. **FACTORS AFFECTING RESULTS**

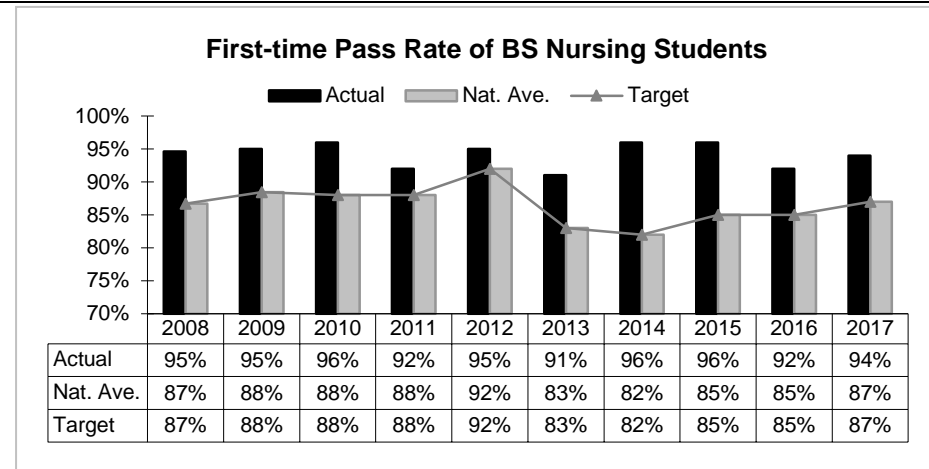
Students decide when they are eligible to sit for the NCLEX based on seat time rather than readiness.

6. **WHAT NEEDS TO BE DONE**

The School of Nursing ensures 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.

7. **ABOUT THE DATA**

Aggregate pass rate based on students enrolled at the Portland, Ashland, Klamath Falls, La Grande and Monmouth campuses as well as students in post-licensure programs.





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KPM #13	RESEARCH PRODUCTIVITY Research Dollars Per Faculty	Measure since: 2010
Goal	RESEARCH PRODUCTIVITY - Explore new basic, clinical and applied research in health, biomedical, environmental, & information sciences.	
Oregon Context	ECONOMIC CAPACITY OBM #7; Research and Development.	
Data source	OHSU Office of Research Development and Administration.	
Owner	Peter Barr-Gillespie, PhD, Interim Senior Vice President, Research	

1. **OUR STRATEGY**

Sustain productivity as federal and non-federal funding levels fluctuate as a result of the global economic crisis. Attract and retain productive faculty and develop university capacity for successful pursuit of research funding.

2. **ABOUT THE TARGETS**

The targets are based on the total revenue (not including ARRA funding) generated from research in a fiscal year divided by the number of faculty with PI status.

3. **HOW WE ARE DOING**

In FY17, OHSU was awarded \$410.2M in total sponsored projects. \$227.4M was awarded by NIH. The average per eligible faculty was \$217K in FY17, 21.6% higher than the target of \$180K.

4. **HOW WE COMPARE**

OHSU continues to be recognized nationally as a leader in biomedical research especially in neuroscience, oncology and infectious disease.

5. **FACTORS AFFECTING RESULTS**

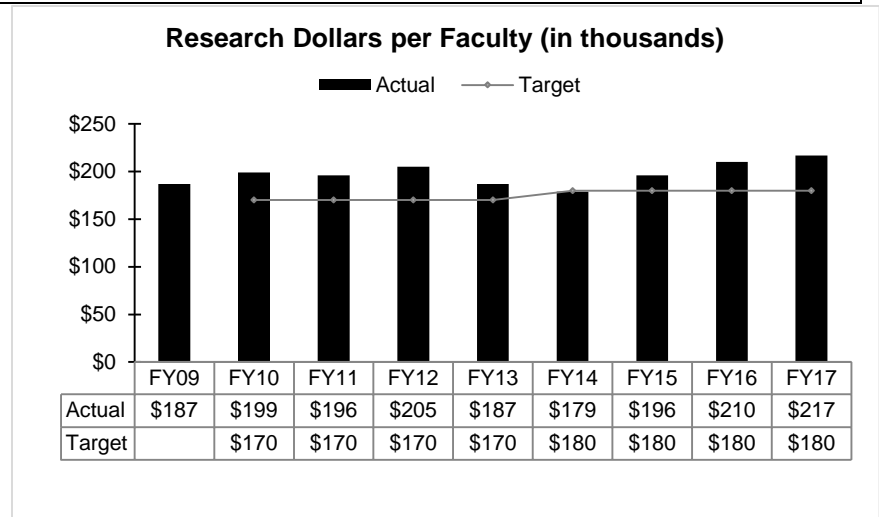
This measure is affected by changes in external funding for sponsored research and by growth (or decline) in the number of faculty. Despite increased competition for NIH grants due to the flattening of federal appropriations, OHSU was successful.

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. The executive leadership team and the OHSU Foundation conducted a faculty needs assessment to direct fundraising and investment priorities for retaining top faculty.

7. **ABOUT THE DATA:**

The reporting cycle is the fiscal year. Only Faculty with Principal Investigator status are permitted to submit grants at OHSU. Faculty numbers include all full-time academic employees at OHSU that have Principal Investigator status. Positions at OHSU not eligible include faculty appointments in hospitals and clinics, adjunct faculty, and program/unit directors.



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KPM #14	POISON CENTER EFFECTIVENESS Percent of poisoning or toxic exposure cases managed at home.	Measure since: 2007
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	

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**

For 2017 the Poison Center managed 90% of cases at home. Alternative health care costs for these patients if poison center home management was not available would be significantly higher.

4. **HOW WE COMPARE**

There are no national benchmarks with which to compare the Poison Center to similar centers in other States.

5. **FACTORS AFFECTING RESULTS**

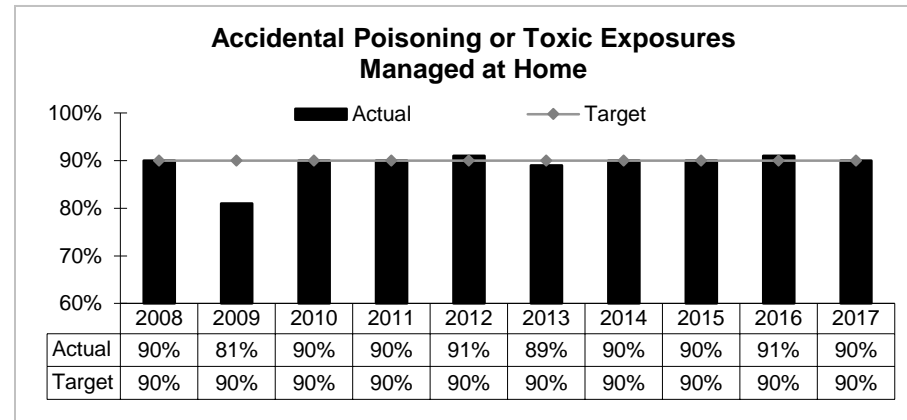
Nationwide reduction in morbidity and mortality from childhood poisonings is related to a number of factors: development in widespread use of child-resistant packaging, reduction of the number of children’s pain reliever in bottles, community outreach and education provided by poison control centers, and better medical care for treatment of ingestions. Increased incidence of overall 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 and injury prevention programs to increase visibility as a resource for poisoning and drug overdose incidents among teens and adults. OPC is expanding 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 in calendar years.



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KPM #15	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	

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**

Performance has been consistently above target for 10 years. The target was raised in consultation with LFO starting in FY14.

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. There are no national comparison data.

5. **FACTORS AFFECTING RESULTS**

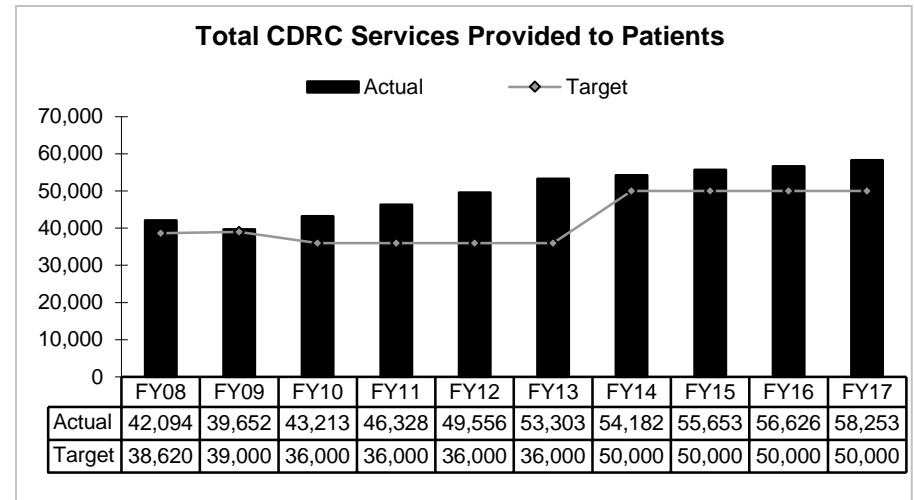
The acuity of care and proportion of patients that are uninsured affects total CDRC capacity. CDRC fulfills a statewide mission in that many patients come from underserved communities in Oregon and require very specialized treatment.

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 the fiscal year.



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KPM #16	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 for State Performance Measures	
Owner	Curt Stilp, EdD., PA-C Director, AHEC	

1. **OUR STRATEGY**

Meaningful health care reform depends on a robust and geographically well-distributed physician supply. Rural areas have remained underserved for decades. Research shows that the greatest predictors for recruiting physicians into a rural practice site are 1) rural background, 2) practice specialty and 3) rural training experiences.

2. **ABOUT THE TARGETS**

These targets are set based on OHSU’s requirement that all medical students complete a clinical rotation in a rural community. Additionally, a rural training track was developed, the Rural Scholars Program, targeting students who intend to enter a rural primary care practice.

3. **HOW WE ARE DOING**

OHSU MD students spent at total of 708 weeks in clinical rotations in rural communities in 2016-17. The target has been exceeded for the last nine years.

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 help facilitate these statewide 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.

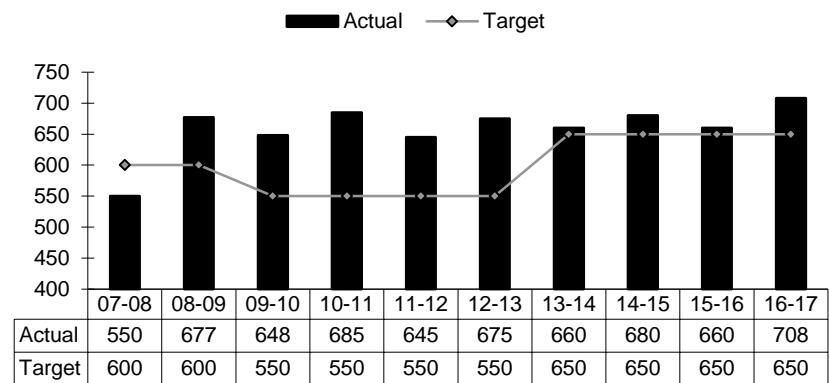
6. **WHAT NEEDS TO BE DONE**

Rural communities in Oregon need more physicians. The Oregon Rural Scholars Program helps meeting this need by engaging MD students from rural areas and other MD students committed to practicing rural and family medicine. In addition, in Fall 2015, OHSU launched the OHSU Rural Campus with sites in Klamath Fall and Coos Bay. Additional sites will be launched and increased enrollment by students in a Rural Community Project will occur over the next several academic years. Finally the legislature allocated funding to support the Scholars for a Healthy Oregon Initiative which provides full-ride scholarships to students in a number of OHSU’s health professions programs who are committed to working in rural and underserved areas of Oregon. Through the 2017-18 academic year 22 MD students have been awarded funding and the service commitment is anticipated to result in a grand total obligation of 110 years of physician practice in a rural or underserved community in Oregon by these 22 MD students.

7. **ABOUT THE DATA**

Data reported based on an academic year.

MD Student Weeks Served in Rural Communities



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KPM #17	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 for State Performance Measures	
Owner	Curt Stilp, EdD., PA-C Director, AHEC	

1. **OUR STRATEGY**

Every medical student completes a clinical rotation in a rural or underserved community. These preceptors provide regular feedback to students on their progress and performance in the clinical setting.

2. **ABOUT THE TARGETS**

The number of preceptors depends on the availability of physicians and the number of MD students on clinical rotations.

3. **HOW WE ARE DOING**

In 2016-17, 68 physicians were lead preceptors for medical students during their rural rotations. While this is below the target of 84, it does not represent the teams of numerous physicians that teach and mentor students at each site.

4. **HOW WE COMPARE**

OHSU is unique in having a mandatory clerkship in a medically-underserved area. It is therefore difficult to draw comparisons between OHSU and our peers.

5. **FACTORS AFFECTING RESULTS**

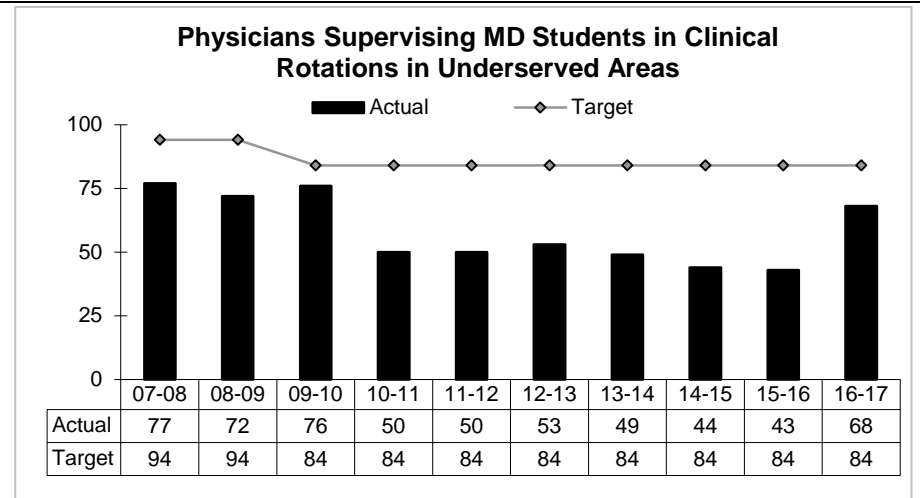
Rural areas have disproportionately fewer physicians and other health care practitioners. Some rural communities have too few or no health care providers; in other communities there are providers, but none can afford to take additional Medicare or Medicaid patients. The constraints on access to preceptors are not unique to OHSU. Increasingly out-of-state and foreign physician training programs are sending their students to train with physicians in Oregon. The addition of a private medical school in Oregon has also constrained the preceptor environment by doubling the need for preceptor physicians.

6. **WHAT NEEDS TO BE DONE**

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. In addition, in Fall 2015, OHSU launched the OHSU Rural Campus with sites in Klamath Fall and Coos Bay. Additional sites will be launched and increased enrollment by students in a Rural Community Project will occur over the next several academic years. Also the Legislature allocated funding to support the Scholars for a Healthy Oregon. Through the 2017-18 academic year, 22 MD students have been awarded funding and the service commitment is anticipated to result in a total obligation of 110 years of practice in a rural or underserved community in Oregon by these 22 MD students.

7. **ABOUT THE DATA**

The reporting cycle is the academic year.



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<b>KPM #18</b>	<b>RURAL PIPELINE</b> <b>Rural K-12 students enrolled in healthcare education pipeline program(s).</b>	<b>Measure since: 2005</b>
<b>Goal</b>	RURAL PIPELINE – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
<b>Oregon Context</b>	EDUCATION OBM #26: College Completion; ECONOMY OBM #1: Employment in Rural Oregon.	
<b>Data source</b>	Annual reports prepared by Areas Health Education Center for federal reporting.	
<b>Owner</b>	Curt Stilp, EdD., PA-C Director, AHEC	

1. **OUR STRATEGY**

Promote health-care 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 for participants. The students are spending more time engaged in learning about careers in health care professions. The targets beginning in FY10 have been revised to reflect this change in approach. The target has been exceeded for the last eight years.

4. **HOW WE COMPARE**

There are no national comparisons. But, OHSU has adopted best practices for fostering student interest in STEM disciplines.

5. **FACTORS AFFECTING RESULTS**

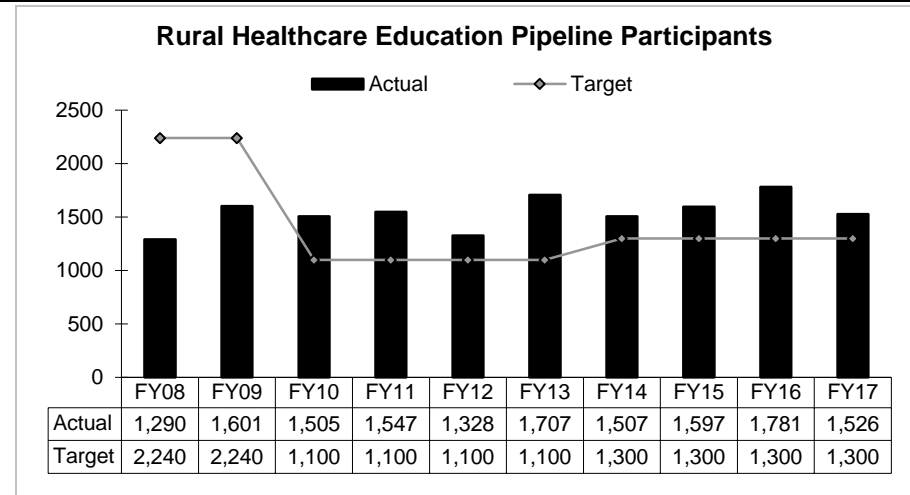
The “geographic pipeline” for medical students includes premedical education through entry to residency training. Evidence suggests that in-state practice retention is strongly associated with graduation from a state high school. These programs are pieces of a strategy to reduce health disparities and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

6. **WHAT NEEDS TO BE DONE**

Staff continue to monitor outcomes and evaluate effectiveness of programs through various communication methods with former participants, including surveys and follow-up direct phone contact. Analysis of that data is ongoing and we are developing a way to capture all of the outreach and pipeline activities undertaken by OHSU and their impacts.

7. **ABOUT THE DATA**

The reporting cycle is the fiscal year.



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KPM #19	RURAL HEALTH Ratio of federal funds received to state funds contributed to the Office of Rural Health	Measure since: 2005
<b>Goal</b>	RURAL HEALTH – Improve access to medical services in rural and isolated areas, where health care providers are in short supply.	
<b>Oregon Context</b>	ECONOMY OBM #1: Employment in Rural Oregon; SOCIAL SUPPORT OBM #39-46: Clinical Excellence and Healthy Oregonians.	
<b>Data source</b>	Annual reports prepared by the OHSU Office of Rural Health.	
<b>Owner</b>	Scott Ekblad, Director, OHSU Office of Rural Health	

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 2009, the ORH has at least tripled the state investment.

4. **HOW WE COMPARE**

The Office depends on the federal government for about 75% 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 leverages state funds to bring federal funds to the state of Oregon to address rural health care challenges. The Office could expand its reach by diversifying and increasing its resources through a variety of fundraising, grant writing and revenue generation strategies. . 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.

7. **ABOUT THE DATA**

The reporting cycle is the fiscal year.

