These are exciting times at OCHIN. The organization is healthy and continuing to grow into its 13th year. The power and expansion of our 12-state network; tremendous success in exceeding our Oregon HIT regional extension center (O-HITEC) goals; the imperative and critical work of OCHIN Research on the uses of HIT to improve care delivery as well as policy decisions on vulnerable patients; and our national presence as a Health Information Exchange expert; all added to our growth and achievements over the last year. Today I am optimistic about the opportunities ahead for using the foundation of EHRs to springboard into a new delivery model using technology at the core.

OCHIN is well positioned with cutting edge products, services and consultation expertise to assist and support our members and clients to achieve healthcare transformation. We are not only adept in physical and mental healthcare integration, but we are also preparing for the integration of other human service provider data, enabling our providers to treat and support the whole person while also providing data that can help to improve entire communities. I am very proud of our staff members for the strides that we are making in pioneering Health Information Technology in support of state and national health reform initiatives. As we make all of these transitions, OCHIN’s interoperability, Health Information Exchange (HIE) functionality, and our focus on federal and state strategic requirements and regulations, uniquely position us for the future.

Borrowing a definition from Peter Senge, author and director of the Center for Organizational Learning, OCHIN is a “learning organization” with five main features; systems thinking, personal mastery, mental models, shared vision and team learning. This year our annual report contributors are an array of staff members who are very proud of the work that their teams do every day in service to our members and clients. I encourage you to read about and celebrate OCHIN’s great 2012 Check-Up.
As one of the nation’s largest non-profit Health Center Controlled Networks (HCCN) and a national leader in quality health information technology products and services, OCHIN continued its growth in 2012. Focused on community health centers serving low-income individuals, we increased installed-clinic membership to 66, with over 300 individual clinics spanning 12 states.

Designed to support individual providers in small practices as they transition into the world of Health IT, Oregon’s Health Information Technology Extension Center (O-HITEC) experienced rapid growth in 2012. O-HITEC currently supports over 3,200 individual primary care providers and several hundred medical specialists.

With a staff of predominately systems software and health care professionals, OCHIN continues to provide high-quality software products and supportive services to safety-net health centers, critical access hospitals, and small private practices serving some of the most medically-complex patients in their communities.

Highlights

NUMBER OF PATIENTS

- Distinct patients seen in last year: 565,078
- Distinct patients seen since 7/1/2002: 1,238,793

NUMBER OF VISITS

- Distinct patients seen in last year: 2,439,341
- Distinct patients seen since 7/1/2002: 11,986,462

OCHIN MEMBER ORGANIZATIONS

- On PM and EMR: 51
- On EMR only: 1
- On PM only: 5
- Total: 57

OCHIN MEMBER ORGANIZATION CLINICS

- On PM and EMR: 172
- On EMR only: 4
- On PM only: 96
- Total: 272
SERVICES PROVIDED BY DEPARTMENT TYPE

COUNT OF ALL USERS 7,953
COUNT OF PROVIDERS 2,891

PATIENT CHARACTERISTICS

SEX
- Male 43%
- Female 57%

RACE
- White 72%
- Black 3%
- Hispanic 1%
- Non-Hispanic 61%
- Unknown 10%

ETHNICITY
- Hispanic 29%
- Non-Hispanic 71%
- Unknown 12%

FEDERAL POVERTY LEVEL
- 100% and Below 53%
- 101%-150% 9%
- 151%-200% 4%
- Over 200% 12%
- Unknown 23%

PAYOR MIX
- Medicaid 45%
- Commercial 10%
- Self-Pay 32%
- Medicare 10%
- Other 1%

VISITS BY PAYOR
- Medicaid 47%
- Commercial 10%
- Self-Pay 28%
- Medicare 14%
- Other 1%

OCHIN’S MISSION  Partnering with communities to create the knowledge and information solutions to promote access, high quality and affordable healthcare for all
Our member organizations have one of the most diverse data-
bases of Medicaid and uninsured patients in the nation. This year,
nearly 3,000 OCHIN member providers delivered healthcare
services to over 600,000* distinct patients with nearly 2.5 million
annual visits.

*These numbers do not include data from OCHIN's O-HITEC
providers and patients.
EHR Growth Innovation

The OCHIN EHR Operations team has seen tremendous growth in our membership with not only new EHR installations, but also the expansion of mental health and corrections systems in new and existing member locations. In fiscal year 2012 we are serving 66 member clinics on the Epic system based in 12 states across four time zones, along with our community-based individual provider AllScripts and eClinicalWorks installs in eastern Oregon and Idaho. OCHIN member providers served over 600,000 distinct patients and 2.5 million patient visits in 2012.

Working collaboratively with our members, we experienced a very successful upgrade to Epic 2010, added a new claims clearinghouse vendor, and fully converted to HIPAA 5010 claims processing. The Epic platform was enhanced with many new features and capabilities. In addition to improved patient experience, we added the Welcome Kiosk (an automated in-clinic patient check-in device) and MyChart (secure online record access for patients) for Android and iPhone users. We also added tools to enhance clinic efficiency with real-time eligibility checking, front desk scanning, patient photo, and Care Everywhere (interoperability between Epic and Non-Epic systems). We invested resources in enhanced Helpdesk support for members that reduced tickets per member organization by 30 percent.

In 2013 we will focus on improving quality, providing better ongoing support for the members, and adding key capabilities to support Patient Centered Medical Home, Accountable Care Organization, Meaningful Use Stage II, as well as other strategic priorities.

Enhanced Support for Specialties

Significant modifications were made to our Epic set-up to address the differences between the delivery of primary and specialty care. In one instance, we were fortunate to partner with our member the AIDS Resource Center of Wisconsin to identify systematic approaches to assist in the treatment of HIV/AIDS patients. With their assistance, OCHIN created a HIV/AIDS Activity in Epic, which provides a single repository of information, including lab test results for laboratories that can cost upwards of thousands of dollars, but which only need to be completed once. By providing a single location for this information, we hope to eliminate duplicate and expensive lab tests, thus reducing the cost of care.
Improving Member Revenues Earns Billing Services Staff High Marks

OCHIN Billing Services (OBS) improved on an already exceptional record of service, increasing clinic revenues more than the national average. We continue to provide creative solutions that help our member clinics focus more time and attention on caring for their patients, while we focus on increasing retention and revenues and on reducing operational expenses.

In 2012 we instituted the “99% Club” where clinics submitting 99 percent of their claims error-free receive faster claims payments. Club members submit at least 200 claims per month, maximize their Electronic Data Interchange (EDI) rate for processing transactions, utilize the Gateway EDI website and demonstrate a low “Average Days to File” rate (target is daily submissions, but can extend up to one week), and have been OCHIN/Gateway EDI customers for at least six months.

Membership survey shows:
100% of OBS members strongly agree that OBS is responsive to their needs
100% agree or strongly agree that their account manager is effective in handling their AR
100% agree or strongly agree that they receive the right amount of communication from their account manager
78% strongly agree and 22% agree that they gain value from monthly account meetings
100% agree or strongly agree that their account manager is knowledgeable regarding the revenue cycle
87% agree and 13% strongly agree that their account manager is professional at all times
89% agree or strongly agree that OBS provides good value and return on investment
78% strongly agree, and 22% agree that they are satisfied overall with OCHIN Billing Services
89% strongly agree and 11% agree that they would recommend OCHIN Billing Services to another client
Health Information Exchange (HIE) at OCHIN

At the heart of Health IT are electronic health records (EHRs) and the health information exchange (HIE). An HIE is the electronic movement of health-related data according to an agreed-upon set of standards, processes and activities across nonaffiliated organizations in a manner that protects the privacy and security of that data. OCHIN is leading the advancement of HIE in many states to improve healthcare quality and drive efficiency.

OCHIN has been at the leading edge of HIE implementation since 2010 and it was one of the first organizations in the country to implement Care Everywhere (CE), the Epic integrated method of exchanging Continuity of Care Documents (CCD) between Epic and Non-Epic EHR implementations. CE is made up of two components, first Care Epic that exchanges CCD’s with extensions that allow a high level of exchange between Epic implementations, and secondly Care Elsewhere that allows exchange between Epic and other EHR solutions using the international standards.

Members of the OCHIN collaborative successfully retrieved a total of 67,307 records from external systems in 2012, while external networks including the Social Security Administration (SSA) retrieved 33,222 records from OCHIN members.

It’s important to highlight that during May of 2011, OCHIN implemented Care Elsewhere in production as part of the Social Security Administration (SSA) program to speed up its disability claims process. This was part of the $40 million in funding provided to SSA under the American Recovery and Reinvestment Act (the “Stimulus”) to expand its current Medical Evidence Gathering and Analysis through Health Information Technology. This program continues to expand, with OCHIN releasing approximately 187 records a week to SSA. The gateway that OCHIN implemented in development with Epic is now rolling out to many Epic customers across the nation and is one of the major successes in the federal HIE initiatives.

Our participation in these programs has led to OCHIN being included in the eHealth Exchange Coordinating Committee and a seat on the Board of Healtheway, a non-profit, public-private partnership that operationally supports the eHealth Exchange (formerly referred to as the Nationwide Health Information Network Exchange).
As Meaningful Use (MU) of Health Information Technology continues to expand, OCHIN is helping its members with all aspects of information exchange. The exchange of CCD documents via Care Epic meets the federal MU requirements for Stage I. The incorporation and expansion of eHealth exchange will help meet the Stage III draft requirements, and OCHIN is awaiting the release of new functionality from Epic which will enable Direct Project specifications into the product to meet Stage II requirements. The Direct Project, a secure messaging solution, has a simple but ambitious goal: to replace the fax machine as the point-to-point communications tool for healthcare. Direct will allow providers to attach clinical documents to secured messages and deliver that message to another provider via a registered email address.

These are exciting times in healthcare. The HIE environment is expanding with the implementation of Accountable Care Organizations and Coordinated Care Organizations in many regions. These organizations are required to coordinate transitions of care; and the HIE functionality being incorporated in OCHIN will focus on the strategic requirements set forth in the Meaningful Use regulations.

Oregon’s Health Information Technology Extension Center (O-HITEC)

The year 2012 was very successful for Oregon’s Regional Extension Center, O-HITEC. We exceeded our goal of enrolling 2,674 priority primary care providers, thereby maximizing the grant funding for this milestone of our cooperative agreement with the Office of the National Coordinator for Health IT (ONC). At fiscal year end, O-HITEC is helping over 3,500 Oregon healthcare providers adopt, implement and meaningfully use electronic health records (EHRs).

Of our priority primary care providers, 90 percent are using certified EHRs, leaving only 10 percent of the grant funding for this milestone of our cooperative agreement with the Office of the National Coordinator (ONC) to be earned. We fully expect to maximize the grant funding for this milestone during the last year of our agreement.

Over 30 percent of our priority primary care providers have achieved Meaningful Use (MU), qualifying them for either Medicare or Medicaid EHR Incentive Payments. We expect this number to increase during the early part of 2013, as providers are able to attest to MU based upon their achievements during the final quarter of 2012. We also expect to see a minimum of 60 percent of our priority primary care providers meeting MU by the end of 2013.

One of our most popular services is our security risk assessment, which not only provides practices the achievement of a core MU measure, but assists them in ensuring the practice is HIPAA compliant. In addition to Stage I MU work, O-HITEC has been busy working with members on preparing for MU Stage II and in achieving Patient Centered Medical Home recognition. The O-HITEC team anticipates another productive and successful year in 2013.
OCHIN’s Practice-Based Research Network (PBRN)

The success of OCHIN’s PBRN is backed by a rich and diverse database. OCHIN is one of only a few organizations in the nation currently capturing and studying aggregate healthcare data and statistics of over 2.5 million low income and uninsured patient visits.

Below are highlights of our research team’s 2012 successes.

- Participation in 20 research proposals, five of which have been funded at this time
- The addition of two new research department staff members
- Participation by nine members in active research projects and 10 members in submitted research proposals
- A community research summit in May 2012 that brought together over 50 OCHIN clinicians and community researchers
- Publication of 13 new research papers
- Hosting internationally recognized primary care researchers such Dr. Alex Krist, Dr. Gloria Coronado, Dr. Kurt Stange, and Dr. Warren Newton
- Nine or more oral presentations to national audiences, including: the Epic Research Advisory Council; the AHRQ PBRN Conference; the National Association of Community Health Centers, and the North American Primary Care Research Group
- Creation of a patient engagement panel to advise us from the patients’ perspective
- Jennifer DeVoe, OCHIN’s PBRN Director, appeared briefly on CNN to discuss the implications of the U.S. Supreme Court decision regarding the Patient Protection and Affordable Care Act

As an Agency for Health Research and Quality (AHRQ) registered PBRN, OCHIN’s research network is focusing on improving health care delivery and health outcomes of the medically underserved. With our PBRN partners, we are building the infrastructure to collaborate with research experts on studies that are consistent with evidence-based practices.

In partnership with researchers from major universities, state and federally funded research programs and institutes, we have the ability to collect and analyze patient data to inform and improve healthcare outcomes. In collaboration with our clinics and partners, we are fast becoming a positive force in practice transformation at the community-based research level.
Highlights of 2012 Research Projects

DISSEMINATION OF CVD RISK FACTOR TREATMENT AMONG DIABETIC PATIENTS IN FQHCS (ALL)

Adults with diabetes who take statins and ACE inhibitors/angiotensin receptor blockers can dramatically reduce their risk of cardiovascular events. Building from a similar study performed five years ago by Kaiser Permanente (KP) on its members, this project aims to put eligible diabetic patients (in 11 of OCHIN member health centers) on these medications.

This study utilizes the electronic health records (EHR) at OCHIN health centers to identify patients not taking the medications, to remind clinicians to start these patients on the medications, and contact eligible patients. The main goal is to see if KP’s program can be successful in other settings.

COMMUNITY HEALTH APPLIED RESEARCH NETWORK (CHARN)

CHARN was established in September 2010 through the Health Resources and Services Administration to create an infrastructure that has the capacity to pool the experiences of patients across different sites and treatments for the purpose of conducting comparative effectiveness research (CER)—observational and interventional studies. CHARN’s most significant accomplishment is its centralized data registry. The CHARN data warehouse currently holds data from visits to the 17 CHARN community health centers (CHCs) from 2008 through 2010. In spring 2013 it will expand to include data from the years 2006 through 2012.

OCHIN, a Research Node Center of CHARN, brings together academic researchers and community clinician researchers to conduct patient-centered outcome research in order to improve patient care at federally-supported community health clinics. In the past year the OCHIN node has published two papers in the Journal of the American Board of Family Medicine and presented at numerous national conferences, including the North American Primary Care Research Group Annual Meeting and the Academy Health Annual Research Meeting.

The node also established the Patient Engagement Panel that will incorporate patients’ perspectives in research relating to clinic workflow and patient impact, patient recruitment and dissemination efforts. Looking forward, findings will be shared among the four research nodes to improve the care provided to safety net patients on a national level.
FAMILIES’ ACCESS TO MEDICAL CARE AND IMPACT OF INSURANCE LAPSES ON CHILDREN AND YOUTH (FAMILY)

In 2008, the Oregon Division of Medical Assistance Programs (DMAP) implemented a lottery that offered adults without insurance a chance to enroll in Oregon Health Plan (OHP) coverage. One of the major goals of this study is to understand how this change in OHP coverage for adults may have impacted children’s health insurance stability and utilization of health care services. In addition, the study was designed to demonstrate how EHR emergency health record data differ from health insurance claims data when measuring health care utilization. DMAP and OCHIN have worked together to create a linked dataset using OHP administrative data and OCHIN EHR data that is being used for study analyses.

Highlights of 2012 Research Projects


For the complete list of OCHIN Research studies, staff members, and publications see http://www.ochin.org/services/research/.
OCHIN Employees Volunteer with Habitat for Humanity

In 2012, OCHIN employees contributed hundreds of volunteer hours in service to youth programs, hunger relief organizations and programs dedicated to eliminating homelessness.

Each year, OCHIN identifies a charitable organization whose mission is aligned with our own. This year we selected Habitat for Humanity (Habitat) whose vision is a world where everyone has a decent place to live.

This year, OCHIN staff took a day away from the office to give back to the community, donating free labor to help Habitat build simple, affordable low-income single-family housing in Portland, Oregon. Our assignments were to stack building materials, dig trenches for plumbing, level sub-foundations, move gravel and build shelving.

We were fortunate to work alongside some of the families who would be living in the homes that we helped to build. Our experience not only helped us to learn new skills by building homes for people in need, but also helped us to build rapport with Habitat staff, recipient families and other volunteers. Our staff reviews reflected a sense of accomplishment and the desire to work with Habitat again.
OCHIN Apprenticeship Program

In the third quarter of 2011, OCHIN’s HR team was asked to evaluate and report on the previous 12 months recruitment practices and retention data. We were looking for indicators that would lead to developing an improved hiring strategy to meet OCHIN’s growing demand for experienced candidates.

The goal was to formulate a plan to get ahead of demand and improve retention. By looking at employees who thrive at OCHIN, we determined that we should seek candidates who were at their core ‘systems-thinkers’ and preferably familiar with EHR/HIT, but not so experienced that they wouldn’t adapt to our methodologies and how we use EHR data to benefit the entire healthcare system.

Desirable candidates possess innate qualities and traits critical to our mission, organizational values, and vision for the future. Candidates who understand process and can make steps toward systems improvements tend to fit well and contribute to team and organizational success.

From ongoing internal and external discussions and much analysis we decided to develop candidates in-house, bringing our own brand of Health IT education to the market. We have the ability to hire and train a group of ‘intern’ apprentice candidates and not limit ourselves only to individuals with degrees or with education underway in HIT, engineering, computer science and business administration.

Our intent was to utilize our recruiter to identify ‘talent’ for the organization from a large pool of candidates interested in healthcare and Health IT. We set up team interviews to identify the final group and hired the first six intern/apprentices.

Recognizing that success in the Health IT industry takes both formal and extensive on-the-job training, we named our program after the apprenticeship programs that building trade workers go through to become certified as journeymen.

All OCHIN apprentices start on our Member Services Help Desk where they are exposed to every question and problem that our members experience. They observe, use manuals and ask lots of questions before answering calls on their own. We created a training program that would move individuals through the organization and eventually ‘graduate’ interns who displayed natural aptitude, intellectual strengths, and learned skills into available part-time and fulltime positions.

In May of 2012, the pilot program graduated our first round of intern/apprentices. All six were interviewed and employed in productive jobs in the organization. OCHIN’s innovative HIT Apprentice Program is changing the way individuals are trained to work in the Health IT industry.
## Financials

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<thead>
<tr>
<th></th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>INCREASE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation fees</td>
<td>3,251,662</td>
<td>4,318,684</td>
<td>1,067,022</td>
<td>33%</td>
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<td>User fees</td>
<td>7,485,787</td>
<td>10,503,852</td>
<td>3,018,065</td>
<td>40%</td>
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<td>Grant and contract revenue</td>
<td>7,719,079</td>
<td>6,560,616</td>
<td>(1,158,463)</td>
<td>-15%</td>
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<tr>
<td>Other revenue</td>
<td>87,828</td>
<td>192,701</td>
<td>104,873</td>
<td>119%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>18,544,356</td>
<td>21,575,853</td>
<td>3,031,497</td>
<td>16%</td>
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<tr>
<td><strong>EXPENSES</strong></td>
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<tr>
<td>Salaries and benefits</td>
<td>10,314,783</td>
<td>11,928,639</td>
<td>66,727</td>
<td>8%</td>
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<tr>
<td>Maintenance and support</td>
<td>2,582,538</td>
<td>3,800,984</td>
<td>697,446</td>
<td>37%</td>
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<tr>
<td>Administration</td>
<td>4,777,998</td>
<td>4,910,466</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>17,675,319</td>
<td>20,640,089</td>
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<tr>
<td>Change in assets</td>
<td>869,037</td>
<td>935,764</td>
<td>66,727</td>
<td>8%</td>
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<tr>
<td>EBITDA</td>
<td>1,907,281</td>
<td>2,605,151</td>
<td>697,870</td>
<td>37%</td>
</tr>
</tbody>
</table>

What do you see as OCHIN’s greatest strength? *In the words of OCHIN’s Board Members...*

“OCHIN uses the power of technology to improve the care of patients, constantly striving for improvement.”

“Its ability to use the data generated by the collaborative for research and to support the collaborative members in improving quality for the patients and communities served.”

“The winning combination of a mission to improve health care for the underserved, very strong HIT expertise, and member service.”

“Its people, their expertise and commitment to the mission, adaptability and flexibility to consider new things.”

“OCHIN has grown into an organization that can influence the way health care is being delivered.”