

WORKFORCE AND COMMUNITY ENGAGEMENT

Benefiting Our Community:

- OCHIN employees volunteered a combined **200 hours** with various volunteer programs.
- We focused our volunteering on programs that addressed **poverty, hunger, shelter, clothing, and sustainability.**

Our Workforce in 2016:

- OCHIN full-time staff **grew 33%**, reaching 316 employees.
- OCHIN was named one of the “**100 Best Nonprofits to Work for in Oregon**” and “**100 Best Green Workplaces in Oregon**” by Oregon Business Magazine.
- OCHIN has a higher ratio of female staff (63%) and leadership (64%) than the industry average, increased our ethnic diversity in 2016, and is taking steps to further diversify our workforce.
- OCHIN invested over \$230,000 on professional development training for our employees.
- 142 staff promotions with 17 new positions filled internally.



FINANCIAL SUMMARY

	FYE 2015	FYE 2016	FYE 2015 to 2016 CHANGE	
			\$	%
Implementation Fees	5,079,967	6,408,175	1,328,208	26%
Member Service Fees	20,888,425	27,121,600	6,233,175	30%
Grants and Contract Revenue	9,209,641	10,881,625	1,671,984	18%
REVENUE TOTAL	35,178,033	44,411,400	9,233,367	26%
Salaries and Benefits	13,551,651	19,598,400	6,046,749	45%
Maintenance and Support	5,800,287	7,485,551	1,685,264	29%
Administration	10,820,467	11,675,928	855,461	8%
EXPENSES TOTAL	30,172,405	38,759,879	8,587,474	28%
Change in Assets	5,005,628	5,651,521	645,893	13%
Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA)	9,588,969	10,854,649	1,265,680	13%

Please Note: The Revenue and Expense numbers for FYE 2015 listed here are somewhat higher than what was listed in our FYE 2015 Annual Report. The amounts seen here are the results of a full financial audit.

The Check-Up: OCHIN’s Fiscal Year End 2016 Annual Report



A Message from Abby Sears, Chief Executive Officer

In 2016, we continued to see rapid change in the health care industry. For many of us, and the populations we serve, there remains uncertainty as to what lies ahead. In this time of flux, one constant is clear: your unwavering commitment to provide the best care possible to the communities you serve.

There is opportunity in change, and OCHIN has been—and will continue to be—a leader in innovation. There are also things we expect to remain, such as the need for high value health care and for knowledge solutions to improve quality and outcomes. Across the OCHIN collaborative, we are seeing improved outcomes as you deliver higher quality, coordinated care to the underserved.

We understand the challenges you face, and we appreciate the great work you do every day. It could not be more important than it is right now, and we are proud to work alongside each of you. We will continue to advocate for and work toward policies and programs that will improve the health of the most vulnerable patients in our health care system and reduce costs.

2016 was a year of rapid growth for OCHIN and the expansion of services we offer to support you. I look forward to our continued success as we work together toward a stronger, more viable health care system, and improved health for the communities we serve. Thanks for all that you do.

Abby Sears, OCHIN CEO

2016 HIGHLIGHTS AND IMPACTS



255 UDS Quality Improvement Awards totaling \$5,791,022.



2,189 providers eligible to attest to Meaningful Use.



79% of OCHIN FQHC members are PCMH recognized.



>11.6M patient records exchanged with over 27K hospitals, emergency departments, and clinics in all 50 states.

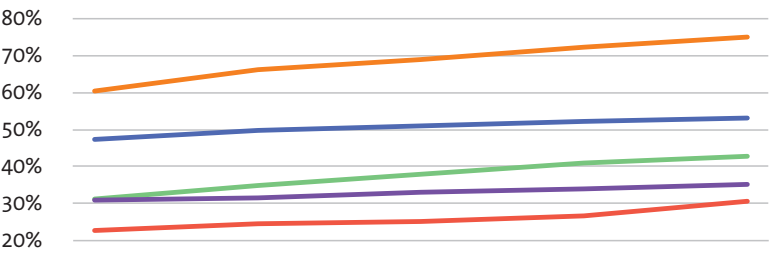


>\$5M in FCC Healthcare Connect Fund subsidies to members.



Significant improvement on several quality metrics, including:

- Asthma Treatment (NQF0036) ↑24%
- Breast Cancer Screening (CMS0125) ↑12%
- Alcohol and Drug Screening ↑37%
- Colorectal Cancer Screening (NQF0034) ↑13%
- Counseling Adolescents for Nutrition (NQF0024b) ↑35%



\*Aggregate performance of all OCHIN members on Acure from September 2015 through August 2016



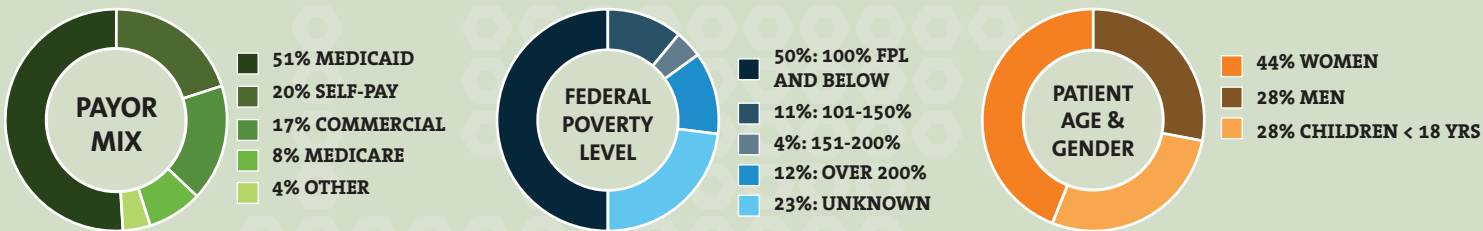
OUR MEMBERS AND THE PATIENTS THEY SERVE

Members become a part of the OCHIN Collaborative in a variety of ways. The OCHIN Collaborative is a dynamic, progressive group of Community Health Centers (FQHCs and RHCs), Networks, Associations, and clinic organizations, including Academic Health, Accountable Care Organizations, Behavioral Health, Corrections Health, Free Clinics, Hospitals, Public Health Departments, School-Based Health Centers, and more—all working toward the same goals: improved patient experience, improved health of populations, and reduced costs.

The OCHIN Collaborative relies on a variety of OCHIN products and services:



Our patient population included over 6.4 million patients seen in FYE 2016:



OCNIN RESEARCH AND INNOVATION

Fiscal Year 2016 was another exciting year for Research and Innovation at OCHIN. We saw a significant number of proposals and research projects, as well as increased engagement with our members and research partners. OCHIN continues to obtain greater visibility on the national scene for the work we do in research. Below are some highlights from this past year:

\$10.5M Total dollar amount in new awards awarded to OCHIN in FYE 2016

Number of publications in which OCHIN Research was highlighted

26 Number of active research projects in FYE 2016

Number of partnered OCHIN research proposals submitted 39

21 Number of research partner organizations nationwide

Number of participating members 42

17, including:

- American Journal of Public Health
- Annals of Family Medicine
- Journal of General Internal Medicine
- Journal of Health Care for the Poor and Underserved
- Journal of Medical Informatics
- Journal of Racial and Ethnic Health Disparities
- Journal of Substance Abuse
- Journal of the American Board of Family Medicine
- Maternal and Child Health Journal
- Pain Medicine

MEMBER SUCCESS STORIES

CINCINNATI HEALTH DEPARTMENT - CINCINNATI, OHIO  
ANGELA MULLINS, PAULA DOLL, & MICHELLE DANIELS, QI TEAM



WHAT WAS YOUR GOAL? In 2016, the Cincinnati Health Department (CHD) completed the transition to using 100% universal population numbers to report all UDS clinical measures (Tables 6B and 7). Using Acure to identify and correct documentation issues at the provider level played a major role in this transition.

WHAT DID YOU DO? Focusing primarily on three UDS Table 6B measures: adult BMI, child BMI, and colorectal cancer screening, CHD used Acure to narrow in on each provider to see who was performing differently on these measures. Then our QI team, mostly nurses, worked with the providers on workflows and documentation. It's not that our providers weren't providing the education and referrals; we weren't documenting properly.

WHAT WERE YOUR RESULTS AND LEARNINGS? Using Acure allowed CHD to eliminate manual chart audits from our 2016 UDS report. CHD has seen more consistency among our providers, and our universal numbers have gone up. From 2015 to 2016, our universal child BMI numbers jumped from 36% to 66.92%, universal adult BMI improved from 24.61% to 67.5%, and universal colorectal screening went from 29% up to 45%. CHD is extremely pleased with the improvement. Acure has been a great tool in implementing system wide procedures with providers.

NEIGHBORHOOD FAMILY PRACTICE - CLEVELAND, OHIO  
CHARLES GARVEN, MD, FAMILY PRACTICE, PROVIDER BUILDER FELLOW



WHAT WAS YOUR GOAL? I became a Fellow in OCHIN's Provider Builder Program to expand my knowledge and comfort level with Epic and to improve clinical operations by bridging the gap between our organization's providers and our small, overwhelmed IT staff.

WHAT DID YOU DO? With the OCHIN resources and training and Epic access available to me through the program, I have done a number of small projects, like linking order sets for common order groups to allow providers to call up multiple orders together for things like STD checks and workups for anemia and diabetes. I have also started working on QI projects, like managing registries to track elevated lead levels in our refugee population or Pap smears without appropriate follow-up.

WHAT WERE YOUR RESULTS AND LEARNINGS? The program's training and tools have improved my knowledge base and helped me support and facilitate the growth of our other providers and staff and foster a culture of ideas where providers feel comfortable making suggestions to help improve workflows and efficiency. With the ability to make changes in the system for our organization, we're better able to meet the needs of our clinic. We've also improved provider, staff, and patient satisfaction greatly in a number of our processes.

ST. CHARLES HEALTH SYSTEM - BEND, OREGON  
DONALD STUPFEL, DIRECTOR, INFRASTRUCTURE & OPERATIONS



WHAT DOES A RELIABLE NETWORK MEAN TO YOUR ORGANIZATION? With four hospitals, including two critical access hospitals and Oregon's only Level II Trauma Center east of the Cascades, and more than 3,400 caregivers, providing excellent care requires a reliable network.

HOW HAS OCHIN'S NETWORK OPERATIONS CENTER BENEFITED YOUR ORGANIZATION? We appreciate the 24/7 monitoring services OCHIN provides through the NOC. The individualized monthly reporting we get is very informational for us here, to see our network availability. The network's reliability—experiencing 0 carrier downtime and 100% uptime on our connection since OCHIN started monitoring its own network in 2016—has met our significant system requirements.

We do have our own support infrastructure, but knowing that OCHIN's NOC is there is reassuring; knowing that they can assist and work directly with our local broadband carrier if they see an issue is very helpful. To be honest, much of my team doesn't even realize this service is there because of the uptime we experience.