Resilient Communities, Connected Care

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Our mission and vision

At OCHIN, we believe the path to a more just and equitable health care system starts with expanding access to quality, affordable, patientcentered care for everyone in the community.

Our **mission** is providing knowledge solutions to drive health equity with a vision of achieving well-being and good health for everyone.

Our story

OCHIN is a nonprofit leader in equitable health care innovation and a trusted partner to a growing national provider network. With the largest collection of community health data in the country and more than two decades of practice-based research and solutions expertise, OCHIN provides the clinical insights and tailored technologies needed to expand patient access, grow and connect care teams, and improve the health of systemically underserved communities.

A legacy of partnership and innovation to advance health equity

OCHIN was founded in 2000 with federal grant funding to connect six community health centers in Oregon. Our goal was to provide them with the best available health information technology (HIT) and support to promote health in their communities. Since then, OCHIN has evolved from an electronic health record (EHR) provider to a trusted consultancy that connects and optimizes whole-patient care at thousands of health care delivery sites nationwide.

Our growth is fueled by a commitment to partnership and innovation at the grassroots. We meet our members where they are, partnering with them to reinforce local strengths and building our collective resilience through an expanding portfolio of technology solutions, insights, and expertise. For more than 20 years, OCHIN has been an expert at understanding the constantly changing national health care landscape and anticipating our members' needs so they can plan confidently for the future.

through virtual access to wholepatient care

Recognizing the need to support whole-patient care, we began offering billing services to our members in 2005. When Oregon Health Network joined the OCHIN family in 2012 followed by the California Telehealth Network in 2016, we expanded access to quality, affordable, whole-person care by offering telemedicine and medical-grade broadband connection to help close health care's digital divide. These investments proved essential for helping our members weather the COVID-19 pandemic, and they continue to expand health care access for patients today.

OCHIN Epic

the platform of choice

OCHIN partnered with Epic in 2001 to offer an EHR platform tailored to support the unique needs of community-based health care providers and the systemically underserved patients in their care.

Growing network

of connected care sites

In 2005 we designed and implemented our OCHIN Epic EHR system, ensuring health records flow seamlessly between patients and their many providers to help complete the circle of care in each community.

National representation

through research and advocacy

OCHIN launched the Practice-Based Research Network in 2007, building the foundation to become a national leader in improving health outcomes and examining how health policy affects equitable access to primary care and other essential services.

Building a new system of care •

Transforming care delivery

Knowledge solutions

for sustainable growth and equitable impact

OCHIN has continued to expand our portfolio of offerings since 2020 to include dozens of EHR-integrated technology partners, new credentialing services, enhanced cybersecurity services, and wrap-around billing and clinical support. In 2022 we also launched OCHIN+ to help rebuild and diversify the health care workforce through skilled training and recruitment support.

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Dear OCHIN Members and Colleagues,

Thankfully, we have finally come out from the most severe phases of the COVID-19 pandemic, but our already fragmented health care system is strained and riddled with new challenges to achieving health equity. In most communities, staff and financial resources have been severely depleted. This is particularly true for rural and underinvested communities, where the need for connected, whole-patient care is great, but access to it is increasingly hard to come by.

At OCHIN, we believe we are stronger together. As Rachelle Miles, a clinical nurse manager with the City of New Orleans, explained: "OCHIN's team prioritizes each organization's needs." And that is precisely our goal. We partner to reinforce local strengths and build our collective resilience for the future.

This year we made significant investments in workforce development to help expand care teams and create new pathways to living-wage jobs for underrepresented and economically marginalized communities. We increased our cybersecurity offerings; advocated for essential payment programs like the 340B Drug Pricing Program; and informed equitable models of value-based pay to ensure the continued security and financial sustainability of our members. And we doubled our staff to advance our connected care efforts and expand into acute care for the first time after accumulating more than 20 years of ambulatory expertise.

Those who join the OCHIN network are selecting much more than an electronic health records platform. They are choosing an innovation partner with the solutions expertise to help them grow, keep their independence, and connect their patients efficiently to an expanding community of care. In schools, health centers, correctional facilities, public health departments, and critical access hospitals across the country, our members are there to ensure everyone has a fair chance to achieve their full health potential. And the strength of our nation's health care system depends on their success.

We know challenges and uncertainties remain, but we're confident in the progress we can achieve together when we choose to work in community to value care, first.

Abby Sears, President and CEO, OCHIN

OUR WORK: Strengthening our nation's health care system

OCHIN provides the knowledge solutions needed to expand patient access, connect and support care teams, and improve the health of systemically underserved communities nationwide.

"We have a very tight-knit community, and we're so glad OCHIN is part of it. OCHIN has really helped me to bring our health system into the 21st century."

-Dakotah Lane, MD Medical Director, Lummi Tribal Health Center Bellingham, WA

Integrated, connected care solutions that support wholepatient health and well-being OCHIN's integrated technology solutions improve patient health by driving new efficiencies for care teams and connecting community health organizations through an electronic health records (EHR) platform that is anchored in a one patient, one record model. Our tailored EHR tools and expertise are designed to

meet our members where they are, help sustain their financial independence, and connect their patients to an expanding community of care. Our average member satisfaction is 92%, with an overall rating of 4.4 out of 5 and consistently high member evaluations in areas such as customer service, commitment, and collaboration.

This year the OCHIN Epic network grew through a combination of referrals and competitive requests for proposals (RFPs) to actively support 153 ambulatory members serving more than 3.5 million patients at 994 delivery sites. We also began building integrated acute care functionality for critical access hospitals and other inpatient facilities to help complete the circle of care in rural and medically underserved communities.

Together with more than 30 preferred technology partners, we created new efficiencies and reduced administrative burden through single sign-on access to integrated technology applications designed to improve patient and clinic outcomes. And we continued to uphold our longstanding track record of health IT excellence by achieving Epic Gold Stars Level 9, which helps us drive health equity through reliable EHR support for our members and health care excellence for the patients they serve.

Best-in-class service and connected care through:











OCHIN Epic platform of choice In FY22 the OCHIN Epic network grew to support:







OCHIN Epic ambulatory members (plus dozens more going live next year, including 7 acute care organizations in 6 states)







92%

average customer satisfaction rating

8-9 months rapid install timeline from contract signing, on average

30+preferred technology partners integrated into the EHR, driving ease and efficiency

*Active patients and providers are defined as having a scheduled encounter within the past three years.









Workforce development solutions that expand opportunity and enhance clinical capacity

The unprecedented challenges of the past two years continue to have a devastating impact on the health care workforce. Clinicians across the country are overwhelmed, exhausted, and rapidly exiting the industry, which threatens access to care in many rural and medically underserved communities. According to monthly OCHIN Epic satisfaction surveys, the percentage of providers who report feeling burned out has held steady for the past year at 36%, or more than one in three.

This year OCHIN refocused our clinical support to better understand and address the key drivers of clinician burden through regular surveys, new electronic health records tools and dashboards, and ongoing training and technical assistance to help care teams optimize their time and maximize efficiency in OCHIN Epic.

OCHIN also invested in training the workforce of the future through a growing portfolio of learning and professional development programs called OCHIN+. These programs build clinical capacity, increase opportunities in the health care industry, and create living wage jobs for low-income communities. They also create a more representative, freshly skilled talent pipeline to help our members sustain culturally and linguistically responsive care. In fiscal year 2022 alone, OCHIN+ secured two significant national grants to demonstrate its innovative approach to equitable workforce training and recruitment:

- AmeriCorps awarded \$2.1 million to support up to 25 new Public Health AmeriCorps positions at 10 member clinics in six states.
- The Health Resources Services Administration (HRSA) awarded nearly \$3 million to launch a community health workers training program for 240 learners in collaboration with five partners in Oregon and the state's Bureau of Labor and Industries.

These programs build on an ever-expanding OCHIN+ curriculum that includes online training and certification for anyone interested in pursuing a career in health IT. They will continue to be a focus for us as we work to restore, replenish, and revitalize our nation's health care workforce.

OCHIN+ workforce solutions



\$5M (roughly) in grant funding secured in

FY22 for workforce

development

programs





types of skills training: EHR support analyst, community health worker, medical billing and coding certifications



"OCHIN's team prioritizes each organization's needs. They

provide safety nets to keep organizational information confidential, they're readily available to assist when needed, and they provide excellent support."

-Rachelle Miles

Clinical Nurse Manager, City of New Orleans Health Care for the Homeless New Orleans, LA

Modern HIT systems that are seamless and secure

Integrated technology and advanced analytics are necessary to achieve the best patient and community health outcomes. OCHIN's platform supports whole-person care through a focus on building more comprehensive and standardized patient records. With this platform, we are advancing modern health information technology (HIT) systems that improve the patient experience, ease clinician burden, and unlock operational efficiencies.

This year we continued to expand our capacity for health information exchange with partners throughout the country, moving over 82 million clinical records safely and securely. We also rolled out new EHR-integrated tools and services to support patient enrollment, provider credentialing, clinical billing, and cybersecurity assessment. And we strengthened interoperability on a national scale through automated electronic case reporting for public health and our innovative integration of standardized social risk screenings and referrals.

Health information exchange



clinical summaries exchanged in FY22 (325+ million exchanged all time since 2010)



exchanges with more than 6,600 non-Epic partners (a 9% increase from last year)



transactions through nationwide Carequality framework (29.8 million transactions all time since 2016)



exchanges with the Department of Veterans Affairs

33,200+

exchanges with the Social Security Administration

28

state immunization registries connected (27 bidirectional)

COVID support

OCHIN continued to support national public health reporting and local COVID vaccination efforts in FY22.



COVID electronic case reports delivered (2.2+ million delivered all time since April 2020)



COVID vaccine doses administered by OCHIN Epic members

Leading quality and performance measures to pave the way for value-based pay

Together, OCHIN and member providers work to ensure access to care for the whole community by valuing care of the whole patient. This means accounting for and addressing patients' social risk and meeting their diverse behavioral, cultural, linguistic, or geographic needs. It also requires payment models that incentivize efforts to keep patients healthy in rural and underinvested communities by increasing support for primary care and compensating providers for the valuenot just the volume—of care they deliver.

As a leader of national efforts to develop foundational social determinants of health (SDOH) quality measures, OCHIN members have recorded more than 1.6 million social risk screenings among more than 875,000 unique patients nationwide in OCHIN Epic. Integrated screening and referral tools help expedite patient connections to social support services, both directly and via third-party platforms. And OCHIN Epic's Compass Rose portfolio combines key health and social insights to facilitate wholepatient care, streamline mandatory UDS+ reporting, and augment supportive care initiatives from the Centers for Medicare & Medicaid Services (CMS).

This year, OCHIN successfully advocated for CMS to adopt the first ever social risk quality measures



in key payment programs. We developed two brand new social risk performance measures that are currently under consideration and deepened our relationship with the National Quality Forum through the process. And we became a founding member of the Health IT End-Users Alliance, a group focused on ensuring that policy and standards development activities reflect the complex clinical and operational challenges facing health care technology users.

Medical complexity

In the OCHIN Epic network, more than 10.7 million patient visits occurred in FY22. More than 4.4 million of these were completed virtually: 24% by video and 76% via audio-only.



Social risk

450,700+ SDOH screenings conducted this year,

which is a 31% increase in screenings from last year

~2,500 electronic SDOH referrals made via OCHIN Epic

1.6M +

total SDOH screenings conducted alltime among 875,000 unique patients

OUR IMPACT: Accelerating learning

OCHIN data and network insights inform a growing body of policies, research, and best practices that fuel innovation and drive health equity on a national scale.

"OCHIN continues to be a great partner. I love that you stay up to date on all the changes to an FQHC. You do a great job at anticipating our needs. We appreciate all OCHIN does to help our organization be successful."

-Lacrisha Whitley

Chief Quality & Information Officer, Neighborhood Health Center Richmond, IN





"To create a health care system that works for **all**, we need solutions" that are both human-centered and data-driven."

—Abby Sears President and CEO. OCHIN

National perspectives to transform health care delivery

This year OCHIN leaders and subject matter experts represented the interests of our network by advancing our unique points of view around workforce development, inclusive innovation, connected care, and valuing care for the whole patient. The critical insights and expertise they shared in a wide variety of policy, research, and thought leadership forums helped identify systemic challenges and begin to dismantle structural barriers to achieving national health equity.

As CEO, Abby Sears elevated the importance of representative research and inclusive innovation to power future health care artificial intelligence (AI) and machine learning at virtual public events hosted by Stanford University and the National Cancer Institute. She also continued to advise policymakers on how to safely advance electronic access, exchange, and use of health information nationally in the final year of her appointment to the federal Health Information Technology Advisory Committee, known as HITAC.

At more than 20 events and in national press, OCHIN's external affairs team advocated for policies

and funding to better connect care communities, rebuild the health care workforce, and sustain access to care by ensuring our members' longterm financial sustainability. A focus on protecting the 340B Drug Pricing Program (340B) was a critical component of this thought leadership, which included support for a 340B panel at the National Association of Community Health Centers' Community Health Institute meeting in Chicago and participation in a real-time Twitter chat hosted by the National Association of Community Health Centers' Health Center Advocacy Network.

OCHIN researchers presented nearly four dozen posters and talks at academic conferences. including a large delegation at this year's North American Primary Care Research Group (NAPCRG) and AcademyHealth Science of Dissemination and Implementation annual meetings. Through our conference presentations and peer-reviewed journal articles, as well as service on various advisory boards and committees, OCHIN investigators and staff continue to play a vital role in shaping the national discourse on transforming care to drive health equity.



Development and advocacy to strengthen community care

OCHIN engaged systemically to advance health equity and support our members' growth through an integrated external affairs team. At both the federal and state levels, the collective insights and experience of the OCHIN network were used to inform policy discussions, shape legislative decisions, and show the promise of new partnerships to help transform the future of health care on a national scale.

Our impact this year focused on three key areas of critical concern for our members:

Rebuilding the health care workforce

We analyzed workforce trends in our network and laid the foundation to help our members recruit and retain skilled talent from within the communities they serve through active legislative engagement and two significant national grants: a HRSA Community Health Worker Training Program grant of nearly \$3 million and an AmeriCorps Public Health grant of \$2.1 million. Further, OCHIN authored and secured the passage of legislative budget language approving \$15 million to support more equitable health IT workforce development and training at community health clinics in California.

Driving sustainable payment models for the future

SEE D

OCHIN paved the way for an equitable transition to value-based pay by encouraging the adoption of new data standards, quality measures, and reporting tools necessary to account for social risk and medical complexity. The Centers for Medicare and Medicaid Services supported our recommendation to drive health equity and expand access to specialty care by adopting the first quality measures for social risk screening into federal programs. And we secured a \$500,000 direct appropriation from Congress- the first in OCHIN's history—to deploy Epic's Compass Rose tool for members across the OCHIN network, combining key health and social insights into a single record to support wholepatient care.

Protecting and expanding access to care

OCHIN championed policies to ensure access to care for patients in rural and medically underserved communities by advocating for Congress and the Biden Administration to protect the 340B Prescription Drug Program and extend the COVID-19 public health emergency. In California, we helped secure permanent coverage of telehealth flexibilities in the Medi-Cal program. And in Ohio, we successfully advocated to pass legislation that funds school-based behavioral and mental health clinic virtual services through a regional coordinator program, which OCHIN was contracted to administer.

Driving sustainable progress

60

congressional letters, recommendations, and responses to agency proposed rules and requests for information

246

individual pieces of legislation actively tracked at federal and state levels

36 funding proposals submitted

\$16.9M+

in new non-research funding awarded through general grants or competitive RFP member

"The 340B prescription drug program is vital to *OueensCare Health Centers* and other community health centers ... OCHIN has been a great partner helping us deliver better patient care experiences, they understand the importance of this legislation."

-Eloisa Perard, MS CEO, OueensCare Health Centers Los Angeles, CA

HCCN consultancy to optimize tools and care teams

For more than a decade, OCHIN's Health Center Controlled Network (HCCN) has partnered with health centers across the country to make the best use of technological advancements while fostering measurable quality improvement. Our HCCN closed the 2019-22 award cycle this year and received its fourth—and largest to date—award from Health Resources and Services Administration (HRSA). The \$9 million for the 2022-25 grant cycle, which began in August 2022, supports an 18% expansion of the network and enables our HCCN-the nation's largest—to provide solutions expertise and clinical insights to 114 participating health centers across 15 states.

OCHIN HCCN's learning laboratory helped the 97 participating health centers in the 2019-22 program cycle drive health equity by enhancing their clinical



quality outcomes, delivering more patient-centered care, and supporting provider and staff well-being. Comprehensive training and evaluation programs to reduce clinician burden, such as the Relational Leadership for Clinical Leaders Program, helped drive measurable improvements in provider satisfaction for 76% of participating heath centers.

Ongoing consultation and technical support helped participating heath centers optimize their technology and workflows to improve patient privacy and engagement. OCHIN's HCCN helped health centers respond to cybersecurity concerns and new data reporting regulations by supplying policy guidance, technical support programs, and a data governance toolkit. In total, 84% of participating health centers implemented a breach mitigation and response plan, a 20% increase from last year.

"You have to really look at tasks, organization, workflows, tips and tricks of utilizing technology, automating things, using people to the top of their licenses. That's the team-based model of care and not just additional staff."

-Lavondia Alexander

Chief Quality Officer, Kintegra Health Gastonia. NC

Practice-based research that drives health equity

OCHIN research drives health equity in alignment with national research priorities and OCHIN's mission. In 2022 our research department set strategic goals to further embed equity in all we do, from growing our team to engaging with new partners and exploring innovative ways to disseminate findings for greater impact.

We generated evidence to inform clinical care delivery, policy, and health equity research methods. To advance evidence for improved clinical care delivery, we developed and evaluated clinical tools and workflows for care teams serving patients with diabetes and cardiovascular disease. Our research findings informed policies relevant to our members. For example, the EVERYWOMAN study demonstrated the impact of community health centers and the Affordable Care Act (ACA) on access to preventive, contraceptive, and pregnancy-related care.

We invested in staff to grow our science through expanded scientific roles and new partnerships. These investments have already enhanced our research pipeline by contributing to nine OCHIN-led proposals, including the National Institutes of Health (NIH)-funded Network of Primary-Care Engaged Research (NCPCR-OCHIN). Part of the NIH Community Engagement Alliance Against COVID-19 Disparities (CEAL), NCPCR-OCHIN is a hub for engaging underserved communities in research on COVID-19 prevention and treatment in primary care settings.

We led more grant proposals and expanded our research funding, submitting \$26.4 million in proposals as the prime recipient and \$18.7 million in proposals as a sub-recipient—more than twice as many OCHIN-led proposals compared to the previous year. These included complex network-based initiatives, implementation science, mixed methods, policy evaluation, and quantitative research designs.

OCHIN Health Center Controlled Network (HCCN) HCCN impact: 2019-22 grant cycle

2.3M patients supported at 929 health

care delivery sites nationwide

1.775% increase in use of digital tools for patient and care team communication

400%

increase in patient portal adoption

400% increase in social risk screenings

increase in provider satisfaction with facilitated intervention to improve tools and workflows

OCHIN training and support

\$6.3M

in training and technical support delivered

15

new volumes of resources added to our Innovation to Impact portfolio

126

active participants in our Provider Builder and Clinical Content Builder programs

This year OCHIN's Patient Engagement Panel celebrated its 10th anniversary. Thanks to the 20 PEP members who have shared their experience and expertise to advance health equity research.

"I feel that nothing in medicine is complete without the patient voice."

-Mickie Bowe **OCHIN PEP member** Arizona



Research impact









research partners in 22 states and Washington, D.C.

\$53M+

in research funds awarded



active research projects led with 40% of OCHIN Epic members participating in clinic-based studies



39

research articles authored and published in leading academic journals



47

research posters and talks presented at academic conferences

ADVANCE Clinical Research Network

This year the OCHIN-led ADVANCE Clinical Research Network expanded its data warehouse to represent:



active* patients (more than 8.6M all time)



1,300+ health clinics







OUR **PROGRESS:** Growing together

OCHIN's continued growth allows us to strengthen the collective voice of our network and collaborate to promote health and well-being in more communities across the country.

"Our providers know exactly how to connect patients to services they need to experience their full health potential. It's changed the way we're able to help people."

—Matthew Kosel, PA-C, MSHI Vice President of Clinical Informatics and Enterprise Analytics, TrueCare San Marcos, CA

Financials

REVENUE

Implementation fees Member service fees (including billing and support services) Grants and contract revenue, contributions, and other TOTAL REVENUE

EXPENSES

Salaries and benefits Maintenance and support Administration

TOTAL EXPENSES

NET INCOME MARGIN

CHANGE IN NET ASSETS

\$5,481,483 5%

2021

20,563,233

73,345,972

16,985,539

110,894,744

63,052,940

25,456,523

16,903,798

105,413,261





OCHIN supports the continued growth and financial sustainability of our members by reinvesting in our staff and our network as we grow.

	2022	CHANGE (2021-22)	%
	39,734,555	19,171,322	93%
	93,737,771	20,391,799	29%
	17,153,939	168,400	1%
	150,626,265	39,731,521	36%
	97,392,498	34,339,558	54%
	30,664,921	5,208,398	20%
	21,558,727	4,654,929	28%
••••	149,616,146	44,202,885	42%
	\$1,010,119	\$4,471,364	-82%
	1%		

OCHIN's growth

Nationwide network

OCHIN provides a wide range of solutions expertise to reinforce the local strengths of our members with tailored tools, insights, and expertise to foster a healthier and more resilient future. This year our OCHIN network grew in size and scope. Today we support an estimated 25,000 active* providers through our OCHIN Epic electronic health records platform, and we have expanded our consultative services to help remove systemic barriers at nearly 2,000 care delivery sites nationwide. This connected care approach helps drive efficiency for providers and improves health outcomes for patients.

OCHIN also worked with 57 research partners in 22 states and Washington, D.C. this year to advance health equity research, policy, and practice on a national scale.

Who we serve

7%

Patient population and demographics

Providers in the OCHIN network help connect rural and medically underserved patients to the comprehensive health care system they deserve. Through critical access hospitals and rural health clinics, federally qualified health centers (FQHCs) and FQHC look-alikes, school-based clinics, correctional facilities, behavioral health providers, dental clinics, public health departments, and HIV/AIDS care organizations, our members work collaboratively to support the health and well-being of more than 5.4 million active* patients in 45 states.

Among the 4.3 million patients who received care via an OCHIN supported EHR platform (such as OCHIN Epic or NextGen) this fiscal year:



6.3%

Asian, Native Hawaiian/ Pacific Islander



Many of the unique health care organizations we actively support with OCHIN Epic have deepened their relationship with OCHIN over the years by opting to receive additional broadband support or by joining OCHIN's Health Center Controlled Network (HCCN).

- 153 OCHIN Epic organizations with 994 care delivery sites in 26 states
- 97 OCHIN HCCN participating health centers with 929 care delivery sites in 12 states (57 of these are also OCHIN Epic members)
- 79 OCHIN Broadband organizations with 318 connected care delivery sites in 10 states (40 of these are also OCHIN Epic members)
- 24 Planned Parenthood affiliates with 344 care delivery sites in 36 states and Washington, D.C. (1 of these is also an OCHIN Epic member)
- 57 OCHIN Research partners in 22 states and Washington, D.C.

62% female

20% children (under 18)

34% Hispanic ethnicity (of any race)

47% with two or more chronic conditions**

55% at or below federal poverty level

26% whose preferred language is not English

100+languages spoken*

17.8% Black/African American

Representative workforce

OCHIN made significant strides in growing and enabling a diverse and inclusive workforce this year. Today our staff includes more than 1,000 employees working virtually to support a stronger circle of care in hundreds of local communities nationwide, and we are actively shaping the world we want to live in through intentional governance, culture-building, and employee development. It is only by cultivating a more representative workforce, reflective of the people our members serve, that we can meaningfully fulfill our health equity mission.

In 2022 OCHIN created a Diversity, Equity, Inclusion, and Belonging (DEIB) governance structure to drive equity systematically across our organization. We hired a DEIB Programs Director to support strategic planning, enhance representation, and increase opportunities for advancement. We developed an Equity Steering

Committee to inform OCHIN's second equity report and thread our mission, vision, and values—as well as DEIB—into strategic recommendations that build transparency and accountability. We set up voluntary Employee Resource Groups to connect and support underrepresented staff while fostering personal or career development. And we started a new DEIB e-curriculum to provide all our employees with tools and resources to make more inclusive recommendations, communications, and decisions.

OCHIN is modeling our commitment to building the health care workforce of the future by introducing career paths that will support continued training and professional development for our staff. This approach helps our members as we grow our capabilities from within, resulting in increased employee retention, organizational stability, and institutional knowledge.

In FY22, OCHIN's nationwide workforce grew by nearly 55% to **959** employees across **49** states and Washington, D.C. We also supported the career growth of **31** high school and college interns.

Racial/ethnic representation



70% female

28% male

1% gender different than assigned at birth

1% prefer not to say

5.9% multiracial .4% Native Hawaiian/ Pacific Islander .4% Native American/ Alaska Native 7% Asian 9.2% 67.3% Black/African white American 9.8% Hispanic/ Latino Staff functions

11% administrative technical/ operations

research

Who we are

Rooted in our longstanding mission and developed in partnership with our staff, OCHIN's four new organizational values—Learning, Heart, Belonging, and Impact—guide the work we're doing to realize our vision for health equity by embodying it in all we do.

OCHIN values



Our work calls on us to contribute with authenticity, compassion, and empathy. We speak our truth and demonstrate courage in all that we pursue. We believe that purpose, passion, and performance are intertwined, and we excel when we respect the dignity of each individual.



Belonging We welcome each person's need to feel seen, secure, supported, and understood, in our work and in our communities. We do this by building trusted relationships and by fostering a safe and inclusive environment. We appreciate one another for our diverse identities, experiences, perspectives, and contributions.

We create positive change by inspiring and leading others. We do this through strong partnerships, thoughtful use of resources, and a clear path to the future. We pursue excellence in all that we do and are steadfast in our commitment to achieving outcomes that benefit the greater good.



"My experience has been nothing short of incredible. From day one, I have felt included, heard, and valued by everyone I encounter."

—Kara Ring Enhanced Support Team intern, OCHIN



Learning

We create an environment where knowledge sharing, experimentation, and continuous improvement are essential. We do this by being open and curious, seeking new ideas, and incorporating lessons learned. We create space for feedback and growth, and we share our learnings and experiences with others.

Heart



Impact



Board of Directors

Board officers



Elizabeth Gibboney Partnership HealthPlan of California Fairfield, CA



Michael J. Gifford Milwaukee, WI



Jean Polster Jean Polster Consulting Cleveland, OH



Tom Andriola UC Irvine Irvine, CA



Member at Large Gil Muñoz Virginia Garcia Memorial Health Center Beaverton, OR

Directors

Vanetta Abdellatif Arcora Foundation, Seattle, WA



Bill Adams, MD **Boston Medical**





Community Health Indianapolis, IN



Kevin Hart Kaiser Permanente Oakland, CA



Saranya Loehrer, MD, MPH Teladoc Health Lyme, NH



Kim Schwartz Roanoke Chowan Community Health Center Ahoskie, NC

Bob Marsalli

Washington

JD, PhD

CPA

Association for Community Health Olympia, WA

Julie Martínez-Ortega

Sandler Phillips Center

Washington, D.C.

Fikru Lemu Nigusse,

ABC Accounting and

Pamela Riley, MD, MPH

California Department

of Health Care Services

San Francisco, CA

Denise Rodgers, MD

Rutgers Biomedical

Newark, NJ

John Saultz, MD

Oregon Health &

Portland, OR

Science University

and Health Sciences

Tax Services

Columbus, OH



"I am so proud of OCHIN's commitment to addressing health equity, both as an employer and as an organization that's dedicated to serving diverse providers and patients nationwide. COVID tested all of us, and **OCHIN is emerging** as an even stronger and more resilient organization."

"The immeasurable impact that OCHIN makes today is thanks to passionate leaders, over many years, driving towards greater innovation. We are poised to make tremendous strides in expanding access to care, improving clinical outcomes, and closing health equity gaps all across America."

Michael J. Gifford OCHIN Board Chair Elect





Elizabeth Gibboney OCHIN Board Chair

Thanks to our partners and funders

We are honored to recognize the generous foundation partners and funders who support OCHIN's health equity mission in exceptional ways. These relationships enrich our network and deepen our community impact by empowering us to innovate on a national scale. The following organizations awarded new or ongoing funding to OCHIN in fiscal year 2022:

AARP Foundation

Agency for Healthcare Research and Quality

AmeriCorps

Bill & Melinda Gates Foundation

California Community Foundation

California Department of Health Care Access and Information

Case Western Reserve University

Centers for Disease Control and Prevention

Central Oregon Health Quality Alliance

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Epic Systems Corporation

Food and Drug Administration

Harvard University

Health Resources and Services Administration

Kaiser Permanente

Merck

National Association of Community Health Centers

National Cancer Institute

National Center for Advancing Translational Sciences

National Heart, Lung, and Blood Institute

National Institute on Aging

National Institute on Drug Abuse

National Institute of Diabetes and Digestive and Kidney Diseases

National Institutes of Health Office of the Director

National Institute on Minority Health and Health Disparities

National Institute of Nursing Research

Office of the National Coordinator for Health Information Technology

Ohio Department of Development, Office of BroadbandOhio

Oregon Health & Science University

Oregon State University

Patient-Centered Outcomes Research Institute (PCORI)

The National Patient-Centered Clinical Research Network (PCORnet)

Public Health Informatics Institute

Public Policy Institute of California

Robert Wood Johnson Foundation

The Task Force for Global Health

University of California San Francisco

University of North Texas

University of Washington



Looking ahead

Just as our members work to give wholepatient care and nurture the health of their communities, OCHIN is working holistically to create a new system of care that will transform generational health and well-being.

In 2023 we'll continue to focus on building an OCHIN workforce that reflects the diversity of the communities our members serve while championing value-based policies and payment models to ensure our members' growth is both attainable and sustainable. Investment and innovation in primary care is at the heart of this effort. Inclusive insights and representative research are needed to make the best use of new models that drive health equity by making the invisible visible. And a skilled, revitalized health care workforce is essential to boost clinical efficiency, while connecting every patient to a robust community of care they can trust.

As OCHIN expands further into new and essential areas like acute care delivery and workforce development, our aim is to show what's possible when we embody equity in all its dimensions and value a health care system that puts patients and communities first.



Stronger Together

The **precision** of OCHIN

in **partnership** with community health care leaders,

This report covers OCHIN's 2022 fiscal year from *September 2021 – August 2022.*

For the latest on our growth and impact today, visit ochin.org.

powers **possibility** on a national scale.



Cover image: Photo of the Mississippi River which, like OCHIN's growing national network, connects and sustains the health of every community it reaches.

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