



OREGON
HEALTH & SCIENCE
UNIVERSITY

OHSU Board of Directors Meeting

September 13, 2012

SON – 358/364

1:00 p.m. – 3:00 p.m.

OREGON HEALTH & SCIENCE UNIVERSITY BOARD OF DIRECTORS MEETING

SEPTEMBER 13, 2012
1:00 – 3:00 p.m.
School of Nursing, Rooms 358 & 364

1:00 p.m.	Call to Order/ Chairman's Comments	Charles Wilhoite
	President's Comments	Joe Robertson
	Approval of Minutes (Action)	Charles Wilhoite
1:15 p.m.	Research presentation: Attention Deficit Hyperactivity Disorder (ADHD)	Joel Nigg, Ph.D.
1:45 p.m.	FY12 Financial Results	Lawrence Furnstahl

Next meeting:
Monday, October 22, 2012
School of Nursing, rooms 358/364



**Oregon Health & Science University
Board of Directors Meeting
September 13, 2012**

Board Members in Attendance: Charles Wilhoite, Román Hernández, Maria Pope, Joe Robertson, MardiLyn Saathoff, Jay Waldron, Meredith Wilson, David Yaden, Jon Yunker,

Staff Presenters: Lawrence Furnstahl, Joel Nigg PhD

Chair's Comments

Mr. Wilhoite welcomed all in attendance and outlined the agenda for the meeting. He announced that Poorav Patel has been appointed by the Governor to serve on the Board of Directors as the student representative, and subject to confirmation by the Oregon Senate, Mr. Patel will join the Board for the next meeting. Mr. Wilhoite outlined Mr. Patel's background and credentials, commenting on his leadership qualities.

Mr. Wilhoite acknowledged Maria Pope's being honored by the *Business Journal* as "CFO of the Year" and commended Román Hernández for having received the Ohtli award from the Mexican government, in recognition of his support and empowerment of Mexican communities in the United States. At Mr. Wilhoite's invitation, Mr. Hernández explained that the award is the highest given by the government of Mexico to a non-Mexican citizen. Mr. Wilhoite also recognized Mr. Yunker's birthday and anniversary.

President's Comments

Dr. Robertson commented on the new energy and enthusiasm that accompanies the arrival of students with the start of the academic year. OHSU has an unprecedented number of students in anticipation of the move to the Collaborative Life Sciences Building (CLSB) in the fall of 2014. The CLSB will bring new opportunities for the delivery of inter-professional education. Related to this theme, the OHSU School of Nursing in collaboration with the School of Medicine and the Global Health Center, has been awarded a Health Resources and Service Administration grant. The grant will be used to advance inter-professional education and implement a collaborative model for clinical practice and education.

Dr. Robertson reported that a three-year labor agreement was reached with AFSCME. He commended those parties involved in contract discussions in working toward a mutual understanding. The result is consistent with OHSU's efforts to be an employer of choice -- paying at-market compensation with an above-market retirement plan.

The coordinated care organization (CCO) in which OHSU participates -- Health Share of Oregon, formerly the Tri-County Medicaid Collaborative -- went live on September 1st, with a seamless initiation. The CCO started in January with a group of disparate parties that had traditionally not worked together. Much work remains for the CCO to achieve real transformation in care delivery given the constraints of the financial model. In connection with the State's receipt of \$1.9 Billion from the federal government, a plan for transformation is due to the federal government by November 5th.

Dr. Robertson recounted that OHSU was awarded "magnet status" by the American Nurses Credentialing Center, a difficult achievement for an academic health center due to the complexity of care that occurs at an AHC. Only 6% of hospitals nationwide earn this designation that involves many years, thousands of pages of documentation, many programs, and a several day site visit. The award stands as a testimonial to the quality of patient care, and patient experience, and the degree of collaboration in providing that care.

Regarding research developments, Dr. Robertson reported that Dr. Charles Blanke is the newest recruit to the Knight Cancer Institute. Dr. Blanke returns to OHSU after having served as the Chief of Medical Oncology at the University of British Columbia. He is the principal investigator in many large clinical trials and brings \$20-25 million in NIH funding to OHSU as well as access to those trials to patients in the region.

OHSU's Evidence-based Practice Center (EPC) renewed a five-year contract to continue service as one of 11 evidence-based practice centers in the country. Like OHSU's Primate Center, this specialized center enhances OHSU's profile and serves as a great resource. Fiscal Year 12 (FY 12) research funding has increased to \$359 million, up \$1 million from Fiscal Year 11 (FY 11), an impressive result since ARRA funding declined from \$32.7 million in FY 11 to \$4.4 million in FY 12.

The estate of Garth and Grace Brown donated more than \$10 million to benefit OHSU's groundbreaking heart research. The Brown's longstanding philanthropic support of OHSU was inspired by the exceptional care their son received at OHSU.

Dr. Robertson reported that OHSU received a supply chain excellence award from the University Health System Consortium. He noted this as a credit to the efforts of many behind the scenes and the success of the process improvement project initiated by PwC, and he congratulated Peter Rapp and his team for the results.

Dr. Robertson concluded by noting that OHSU is celebrating its 125th birthday – measured from its beginnings as a small medical school in 1887. Celebratory events will occur throughout the year with the theme of “gratitude”. It is a time to remember and thank all of the stakeholders, students, faculty, and employees for making OHSU the special place where healing, teaching, and discovery come together.

Mr. Wilhoite commented that Dr. Robertson's positive news is exciting and that the institution continues to grow stronger and well positioned to pursue healing, teaching, and discovery.

Amy Wayson introduced Jennifer Ruocco, the new Chief Integrity Officer. Ms. Ruocco comes from Cincinnati Children's Hospital Medical Center with previous responsibility for institution-wide integrity with experience developing and implementing compliance programs and in research compliance. Ms. Wayson thanked Dr. Ron Marcum for his service as Interim Integrity Officer. Ms. Saathoff commented that Ms. Ruocco will be an excellent addition to the Integrity Department.

Mr. Yaden concurred with Dr. Robertson that the AFSCME settlement was a huge accomplishment. Other universities are watching as they also struggle with providing long-term benefits to employees, while maintaining fair costs to tax payers and tuition paying students.

Approval of Minutes

Mr. Wilhoite asked for approval of the minutes of the June 27, 2012 Board meeting included in the Board Docket. Upon motion duly made and seconded, the minutes were unanimously approved.

Attention Deficit Hyperactivity Disorder (ADHD) Research Presentation

Dr. Dan Dorsa introduced Dr. Joel Nigg and outlined Dr. Nigg's background. Dr. Nigg is a clinically active child psychologist who's served as a professor in OHSU's Department of Psychiatry for four years; he also conducts nationally and internationally respected research.

Dr. Nigg noted that he has been working with children for 20 years because it is such a concern for the community, greatly affecting children, families, and schools. A large program involving over 400 families has been established at OHSU with support from the University, the Foundation, and the NIH. Dr. Nigg expressed his gratitude for the support he has received at OHSU.

The American Psychological Association and diagnostic authorities are reclassifying ADHD as a developmental disorder rather than a behavioral disorder. Dr. Nigg recently completed a study that indicates that families with ADHD experience elevated rates of autism and other developmental conditions. Because the onset of these developmental problems begins early in life and lasts for a lifetime, lost productivity can make ADHD very costly to the community and the individual. Adding to these costs are the higher rates of drug abuse, driving accidents, early mortality, and suicide evidenced by people with ADHD.

Dr. Nigg's first initiative involves elementary school age children and focuses on better differentiating the disorder. ADHD likely involves multiple conditions that are lumped together, and Dr. Nigg's research focuses on identifying the various syndromes included in ADHD. He is looking for patterns in the research subjects over time utilizing physiology, behavioral science, MRI technology and neuro-imaging. His second initiative focuses on the developmental origins of the disorder. The pilot study included 25 pregnant women; although expansion of this research is in process. The focus is on the interaction of prenatal exposures with the genotype, and how the epigenetic changes unfold. Few studies have looked for ways to prevent conditions like ADHD in the first year of life. Most interventions occur at four or five years of age or later -- by this time, the child's system is fairly stable and it is difficult to change the long-term trajectory.

Dr. Nigg explained that one of the challenges of psychiatry, psychology and the study of behavior is that generalizations cannot be made from one population to another because of the differences in exposures and cultures, the meaning of behavior and genotype. A focus on the "generalizability" of the research and its relevance to the community underlies the community outreach element of his research. Outreach efforts in the African-American, Hispanic and Latino communities are intended to increase diversity in the study groups in recognition of an elevated rate of ADHD identification in these groups of children. The higher identification of ADHD in particularly the African American population may result from cultural differences in behavior and a misunderstanding of "symptoms."

Dr. Nigg explained the focus of the Women and Infant program -- the mapping of who will respond to various risks or interventions and how to individualize those models. Dr. Nigg mentioned various collaborations with community partners including the University of Oregon. If successful, the program will lead to bio-monitoring of nutrition and environmental toxins as they relate to early development of children's brains and behavior, an effort that has potential benefits for the entire State. Dr. Nigg displayed images from a small study utilizing a technique of neuro-imaging called functional connectivity. The technique allows for a tracking of infant neuro-connectivity relative to such things as the child's mother eating saturated fats.

Responding to questions from Board members, Dr. Nigg commented that we have made little progress in diagnosing ADHD, although we have better tools for measuring theories relative to ADHD, and our predictive abilities about necessary interventions are better. Efforts to partner with the K-12 public schools in this research have proven difficult because schools look for opportunities to improve their instruction during the current year. Dr. Nigg noted that Portland State University's Psychology Department is working with schools on interventions and they want to use Dr. Nigg's models to enhance those interventions. Mr. Yaden commented that he hopes that some of the new funding mechanisms through the Governor's initiatives will be more of an incentive to look at the long-term investments in children.

Dr. Nigg concluded his remarks by noting that he is considering expanding the testing of new interventions and gathering input from parents and schools on which programs are most effective since both offer opportunities for better results, cost savings and learning about the causes of ADHD.

Financial Update

Mr. Furnstahl began his remarks by explaining that he would be presenting the unaudited FY 12 results, as KPMG's audit is still ongoing. The budget for FY 12 called for maintaining earnings at \$57 million, while

absorbing the \$20 million in incremental PERS pension costs, and weathering continued downward pressure on government funding across the missions. Although the year started slow, the institution closely managed headcount relative to activity, as well as non-labor costs of supplies and services. Unaudited results reflect FY 12 operating income of \$80 million, or \$23 million above budget. A less than expected cut in Medicaid reimbursement and a one-time settlement with the IRS regarding FICA withholding, explain all but about \$2 million of this performance above budget. Mr. Furnstahl provided the background for the FICA settlement, noting that it includes \$9 million in operating income impact and another \$11 million in interest for the institution. He noted that final audited results may include reclassifications between line items but within the same total change in net worth.

Mr. Furnstahl reported that income for July was \$4 million, which is above budget for the month. He commented on materials reflecting that operating revenue has increased from \$1.8 billion in FY 10 to \$1.9 billion in FY 11 to \$2 billion in FY 12. Seventy percent of revenues relate to patient care activity. FY 12 results reflect a 4% increase in inpatient admissions over FY 11, in part attributable to the hospital's efforts to improve throughput and manage length of stay. Mr. Furnstahl noted that the adjusted admissions figure which includes inpatient and outpatient admissions adjusted for case mix were within 5% of budget and up 3% over FY 11. Also contributing to this result is payor mix -- while the percentage of the market covered by commercial insurance has declined, OHSU has performed better than the market due to the excellence and depth of programs, presence outside of the Portland area, and a focus on complex cases.

Moving to Medicaid, Mr. Furnstahl noted that in Oregon, gross expenditures on Medicaid total \$3.5 billion, \$250 million of which is spent at OHSU. Enrollment has been increasing rapidly due to the Affordable Care Act with cost increases trending at 5.4% per person per year. The State and the federal government have agreed in return for a federal investment of \$1.9 billion, the State will reduce this increase from 5.4% to 3.4%, achieving a cost savings of over \$500 million by 2017. OHSU and our partners around the State are engaged in efforts to help the State achieve this goal.

Grant awards, the leading indicator of research success, have steadily increased over the last twenty years with OHSU replacing the ARRA stimulus grants with a 9% increase in non-stimulus grants in FY 12. Although State appropriations for tuition have been flat to down, increased enrollment contributed to the tuition and fees growth this year.

Mr. Furnstahl reported that the Foundation has raised \$100 million for the second year in a row noting that philanthropic giving has doubled over the last ten years. Referencing presentation materials about OHSU headcount, Mr. Furnstahl commented on the growth at OHSU. Mr. Furnstahl concluded his remarks by highlighting that OHSU's net worth stands at \$1.9 billion, reflecting a \$79 million growth in FY 12, nearly entirely from operations. Consolidated cash and investments at OHSU total almost \$1.4 billion. Since the depths of the recession in 2008, OHSU has more than doubled its liquidity.

Mr. Wilhoite thanked Mr. Furnstahl for the clear and succinct presentation and commended Constance French and the Foundation for a strong year.

Adjournment

Hearing no further business, Mr. Wilhoite adjourned the meeting.

Respectfully submitted,

Amy M. Wayson
Board Secretary

AD/HD Research Program at OHSU: Highlights and Community Connections

OHSU Board of Directors
Sept 13, 2012

Joel Nigg, Ph.D.

What is ADHD and Why does it matter?

- Developmental disorder
- Constellation of cognitive and behavioral problems
- Early onset
- Duration (lifespan in 50% or longest) +
- Prevalence (common)
- Cascading Impairments outcomes =
 - High social and economic cost with gateway of risk to:
 - Anxiety, depression, antisocial behavior, imprisonment, substance use, smoking, driving accidents, divorce, job loss, obesity, poor health, early mortality, suicide
 - Quality of life impact equal to physical disorder/disability (Sawyer et al. 2002, JAACAP, 41, 530)

Activities at OHSU ADHD Program

- ADHD Children's Program: ADHD Mechanisms and change
 - Longitudinal cohort age 7-11 annual, 450 families enrolled, ongoing
 - Clinical and temperament (physiology)
 - Neuroimaging (MRI)
 - Active community outreach to underserved communities
 - NIH and Foundation funding
- ADHD Women-Infant Program: Oregon study of Origins of ADHD
 - Pregnancy/infant cohort; 25 women enrolled, ongoing
 - Prenatal nutrition, stress, infant brain and behavior
 - Epigenetic effects as mediator
 - Collaboration with University of Oregon, other partners

ADHD Program Community Engagement I. Children's Program

■ Community Partners

- Black churches and community groups
- PSU social work department
- Planned efforts with la Familia

■ OHSU Partners

- Avel Gordly Center for Healing (Psychiatry)
- OHSU Chief Diversity Officer; OCTRI

■ Hires to support this outreach

- Spanish speaking post-doctoral psychology (Nigg)
- African American post-doctoral neuroscience (Fair)

ADHD Program Community Engagement II.

Women-Infant Program

■ Community Partners

- University of Oregon
- Southwest Clinics Vancouver
- Peace Health, Eugene; possible other local, regional hospitals

■ OHSU Collaborators and Partners

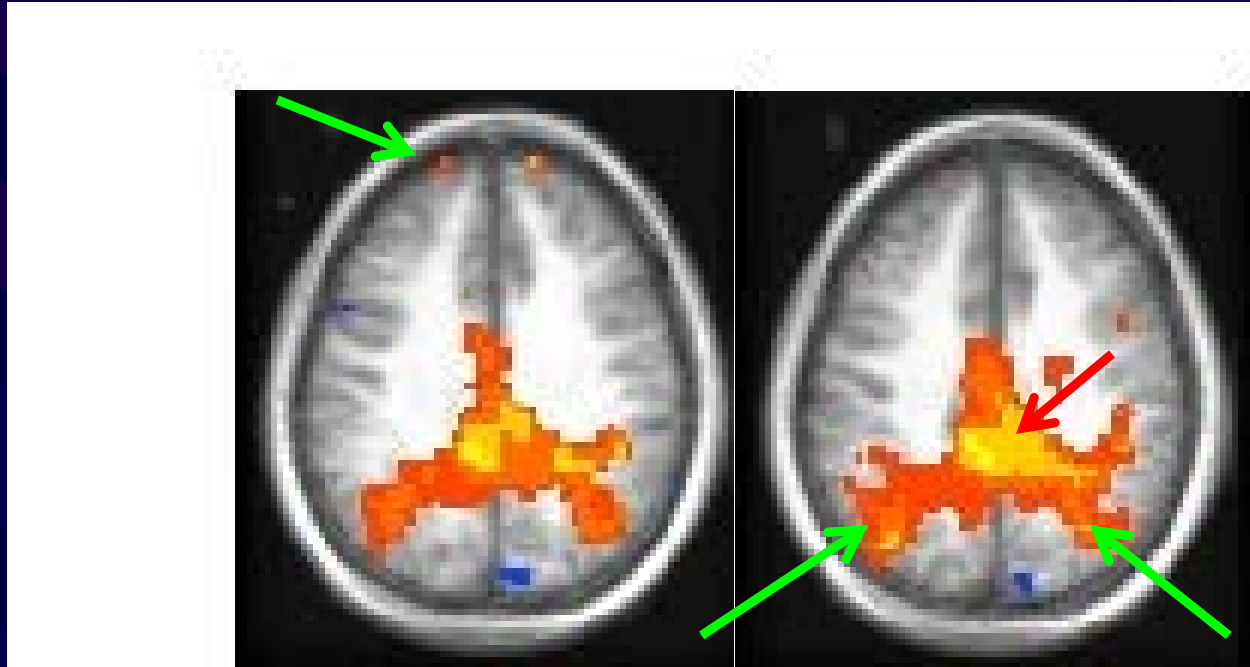
- CROET, OB/GYN, Family Med, Peds, Neuro

■ OHSU Support

- Office of the VP (Oregon Opportunity Fund)
- Moore Institute
- OHSU Foundation/Department of Psychiatry

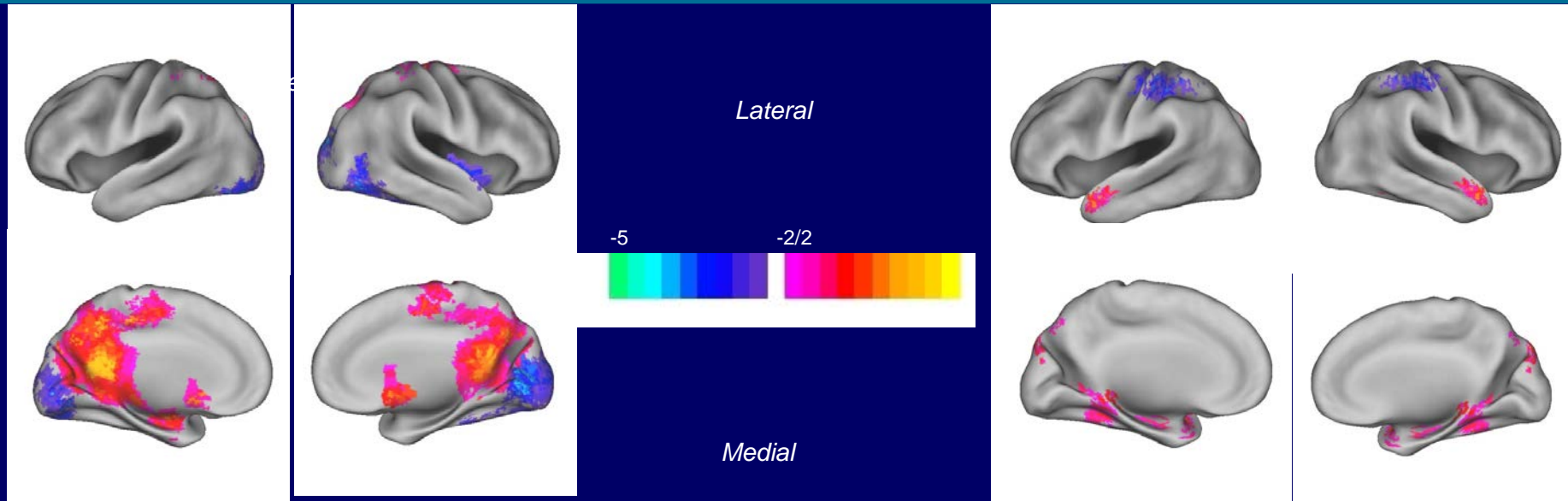
Beginnings of the Default Mode Network (DMN)

(infants aged 16days-18months, n=10)



10 infants, functional scan showing connectivity with the seed region precuneous (or PCC, red arrow). Areas in orange are co-activating with the PCC seed region, indicating beginnings of the default mode network (green arrows). Age effects expected

Preliminary rs-fcMRI with PCC shows a relationship with prenatal saturated fat intake in 3rd trimester (neonates aged 14days-28days, n=4)



1. Initial connectivity

rs-fcMRI functional
connectivity

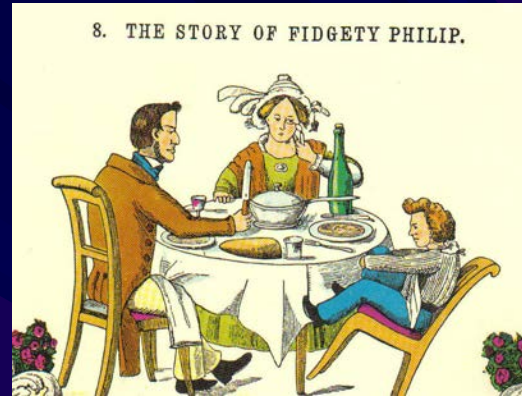
map of seed region PCC

2: Correlational analysis with fat intake

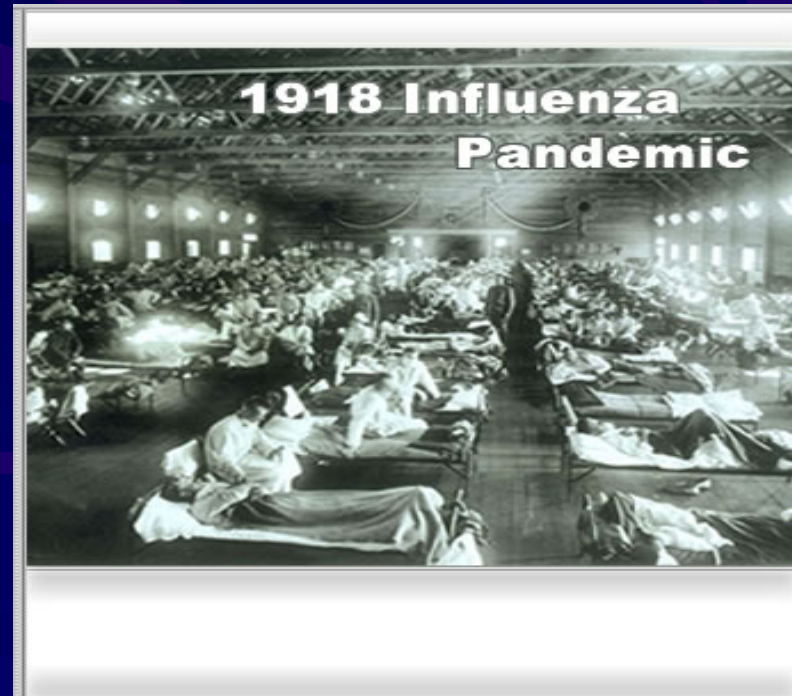
rs-fcMRI seed region PCC shows decreased connectivity in the first year of life related to maternal saturated fat intake in the 3rd trimester

Thank you

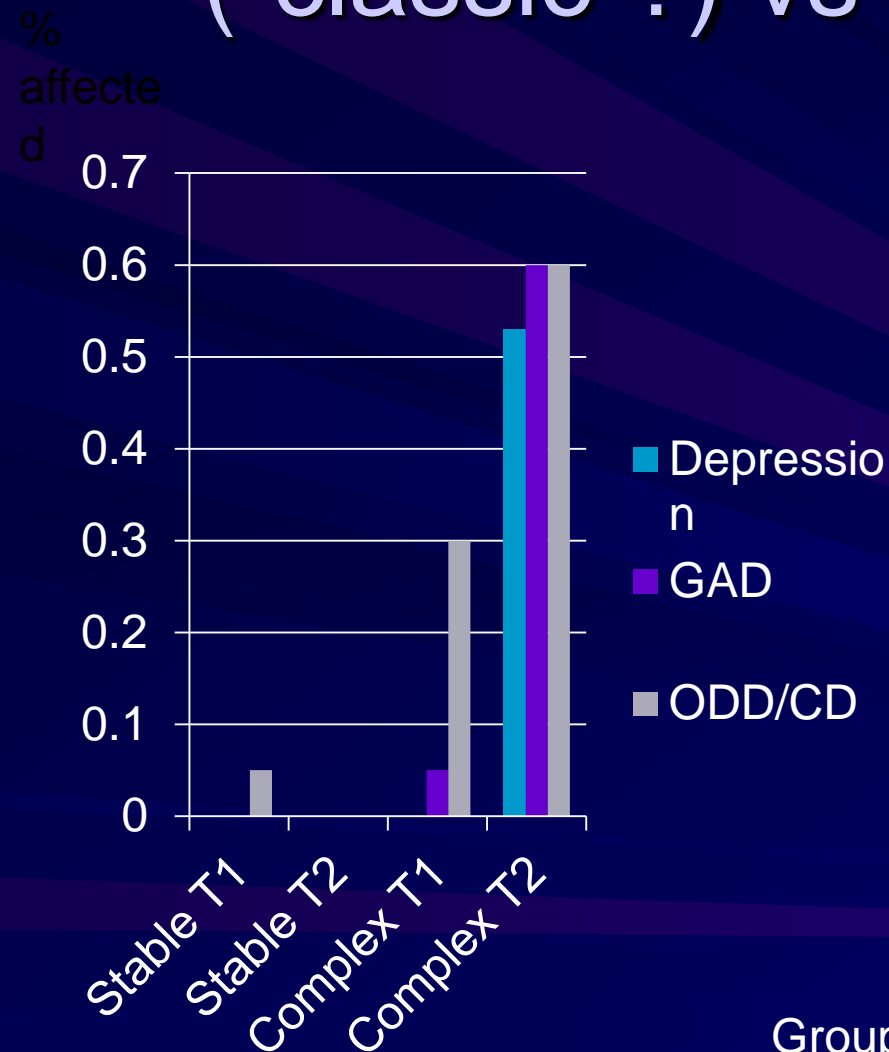
ADHD: History



- 1798-Crichton (inattention)
- 1845-Hoffman →
- 1908/14-Tredgold, MBD
- 1920-Neal (Encephalitis lethargica)
- 1922-Hohman: post EL behavior dis. ↘
- 1937-Bradley: Benzedrine
- 1940's-1970's MBDS/MBD (Strauss) ↘
- 1965-ICD-8: Hyperkinetic disorder
- 1968-DSM-II: Hyperkinetic reaction
- 1980-DSM-III: ADD w H, ADD w/o H
- 1994-DSM-IV: AD/HD, 3 types
 - ICD-10: hyperkinetic disorders
- 2012-DSM-V: pending
 - ICD-11: pending



ADHD Simple trajectory: Stable (“classic”?) vs atypical/comorbid

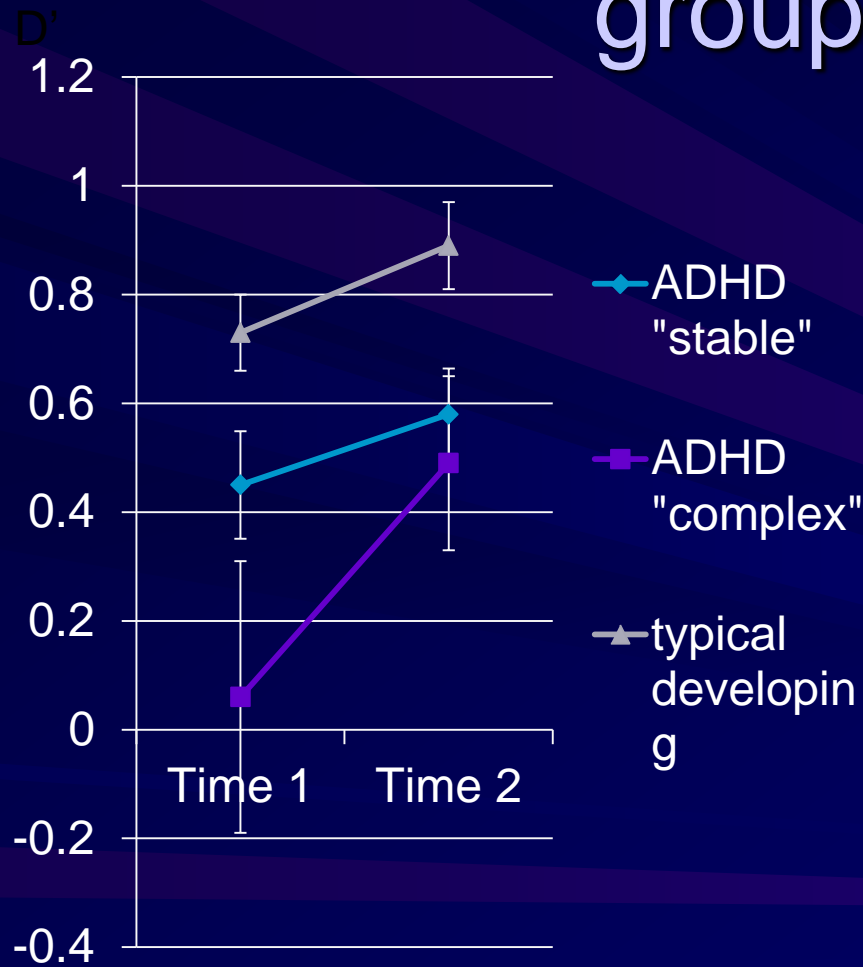


	ADHD-Stable	ADHD-Complex	Typically Developing
N	20	15	42
% boys	55%	67%	45%
Age W1	8.1	8.0	8.1
Time 1 subtype	14-C 6-PI	10-C 5-PI	na
Time 2 subtype	13-C 5-PI 2- none	12-C 2- PI 1- none	na

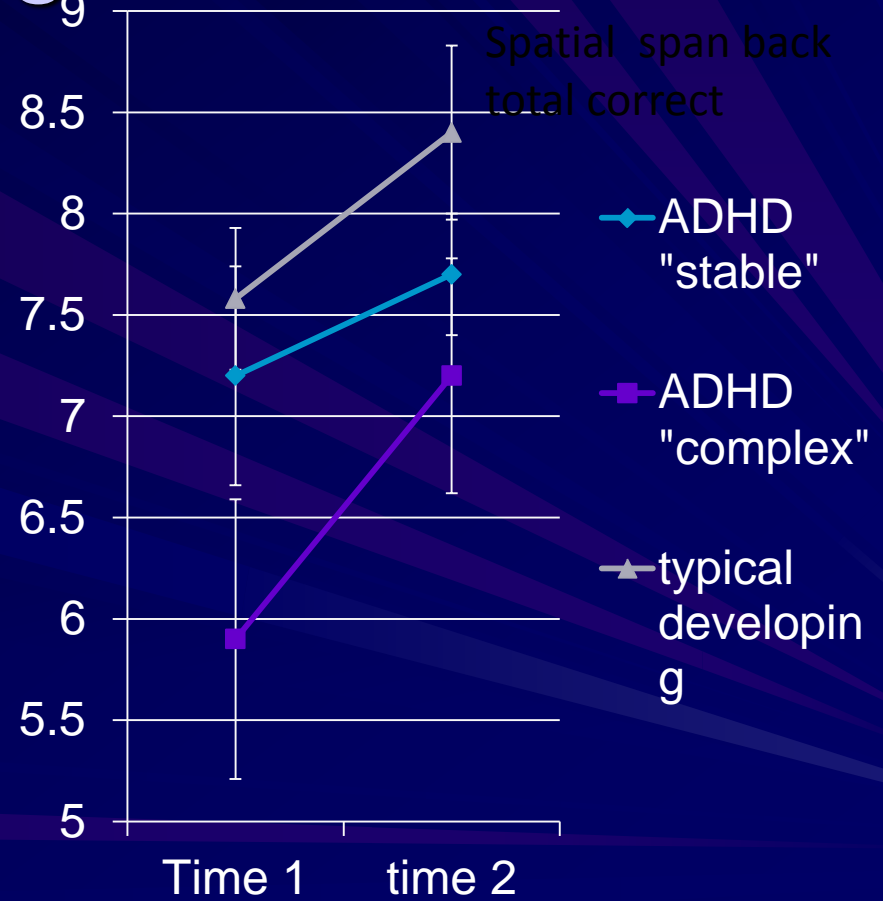
Ns vary by analysis

Groups identical on ADHD sx at Time 1 but “complex” has more comorbid sx

Cognitive differences identify groups only at time 1; complex group “gains”



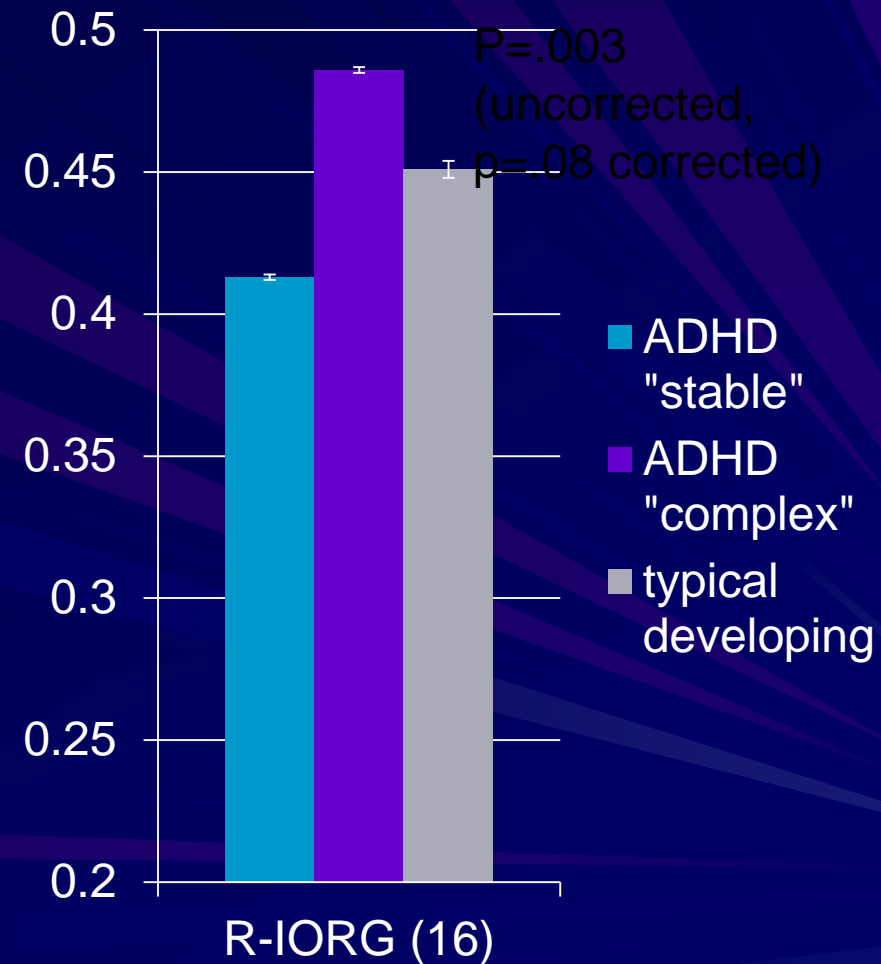
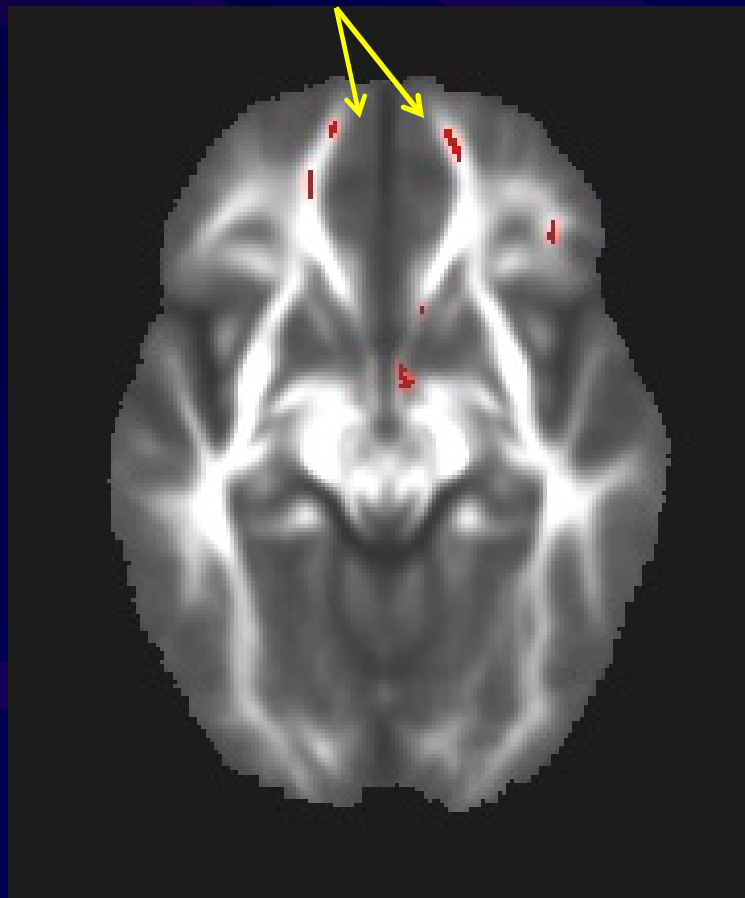
“arousal”



“cognitive control/working memory”

Reduced fractional anisotropy in ADHD only seen in “stable” ADHD (Group 2= “phenocopy” or premature growth?)

Inferior-frontal/fronto-limbic
white matter FA:
ADHD < control (#16)





FY12 Financial Results (Unaudited)

**OHSU Board of Directors
September 13, 2012**

FY12 Financial Results

- The FY12 plan called for maintaining earnings at \$57 million, against \$20 million of incremental pension cost and downward pressure on government funding.
- The year started slow, but patient activity and revenue improved as the year progressed. In addition, growth in headcount slowed since January, and non-labor costs were managed tightly.
- Unaudited results show \$80 million in operating income, \$23 million above budget (KPMG will present its report on the FY12 audit next month):
 - Smaller Medicaid cut due to higher hospital provider tax \$12m
 - Resident FICA settlement (1996 – 2005) 9m
(plus \$11m of interest included in non-operating income)
 - All other, net (largely enhanced revenue cycle & supply chain) 2m
 - Total operating income above budget \$23m
- *July 2012 results start FY13 ahead of budget, with strong clinical volume.*

12-Month Earnings at \$80M (\$23M > Budget)

(millions)	FY10 Actual	FY11 Actual	FY12 Budget	FY12 Preliminary	Prelim - Budget	Prelim / Last Year
Patient revenue	\$1,249	\$1,327	\$1,438	\$1,441	\$3	9%
Grants & contracts	345	377	365	357	(9)	-5%
Gifts	34	31	50	45	(6)	46%
Tuition & fees	51	54	59	60	1	11%
State appropriations	38	39	35	35	0	-10%
Other revenue	85	82	88	95	7	16%
Operating revenues	<u>1,802</u>	<u>1,909</u>	<u>2,037</u>	<u>2,033</u>	<u>(3)</u>	<u>7%</u>
Salaries & benefits	1,032	1,108	1,175	1,184	9	7%
Services & supplies	563	600	659	624	(36)	4%
Depreciation	102	107	108	111	3	4%
Interest	37	37	37	35	(2)	-5%
Operating expenses	<u>1,734</u>	<u>1,852</u>	<u>1,980</u>	<u>1,953</u>	<u>(27)</u>	<u>5%</u>
Operating income	<u>\$68</u>	<u>\$57</u>	<u>\$57</u>	<u>\$80</u>	<u>\$23</u>	<u>40%</u>
<i>Operating margin</i>	<i>3.8%</i>	<i>3.0%</i>	<i>2.8%</i>	<i>4.0%</i>		

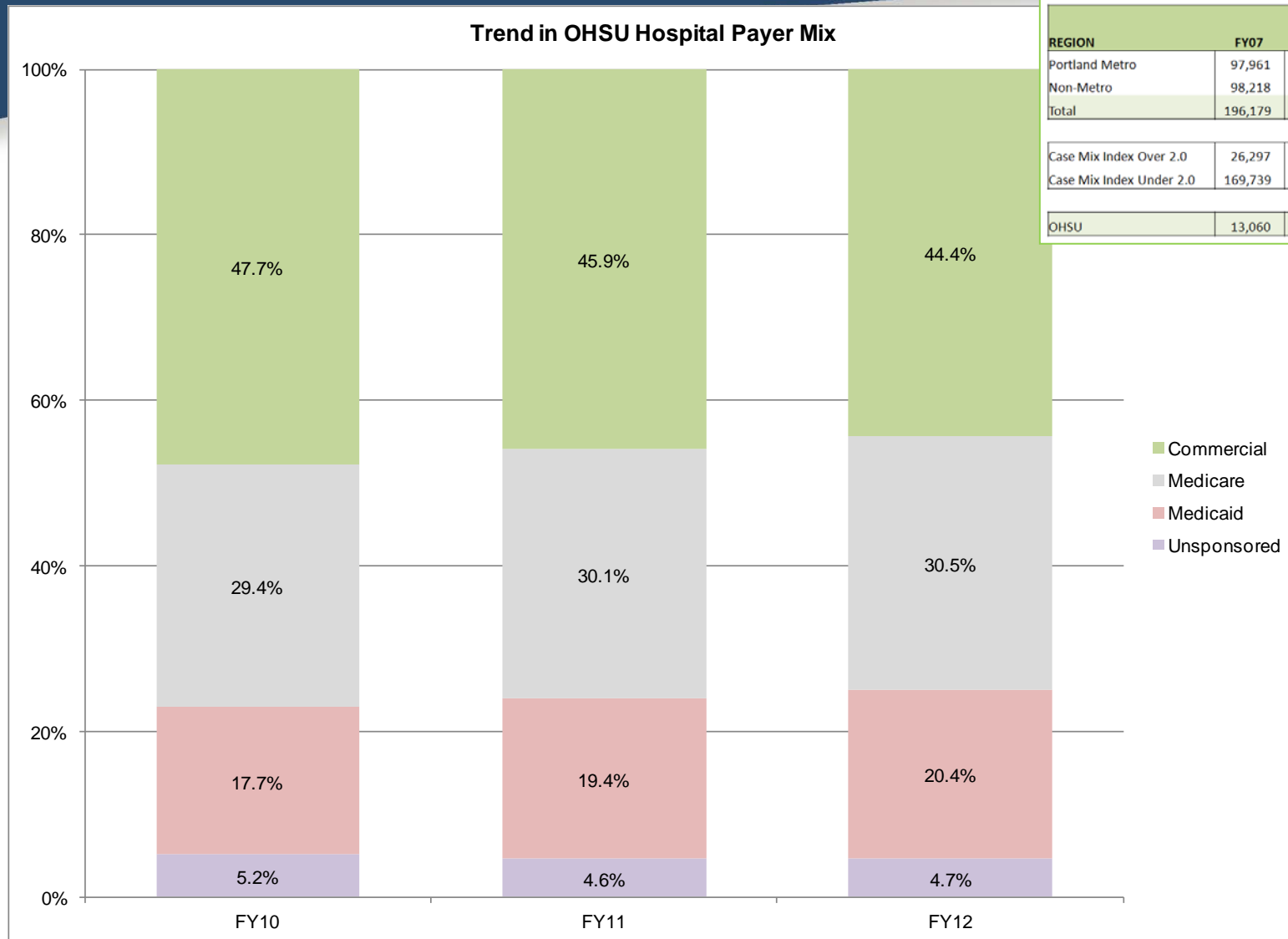
Key Drivers of Financial Progress in FY12

- Patient revenue rose 9% last year, on 3% activity growth and despite market-wide shift away from commercial insurance—validating implementation of core McKinsey/PwC recommendations for defensible pricing, revenue cycle and “green space” focus.
- New grant awards—the leading indicator for future research revenue—were sustained in FY12, with a 9% base increase offsetting the end of ARRA/stimulus funding.
- Student tuition (and OHSU mission support for education) continued to compensate for declining trend in state appropriations.
- Foundation secured second year of ~\$100 million in gifts, 2x fundraising level of a decade earlier, including \$25 million Moore gift.
- Since January, headcount has leveled off at 14,000 faculty and staff, with OHSU creating 1,450 new jobs since the recession.
- Supplies & services were managed to \$36 million below budget, up only 4% from prior year on 6% higher revenues (excluding FICA settlement income).
- Net worth is up \$79 million, all from operations, with \$69 million positive operating cash flow.

Adjusted Admissions Up 3% Over FY11

(millions)	FY10 Actual	FY11 Actual	FY12 Budget	FY12 Preliminary	Prelim / Budget	Prelim / Last Year
Admissions	29,248	28,686	29,741	29,787	0%	4%
Average length of stay	5.4	5.7	5.6	5.3	-5%	-7%
Average daily census	423	429	436	424	-3%	-1%
Surgical cases	28,710	29,528	31,464	30,079	-4%	2%
Emergency visits	43,709	46,070	45,484	46,399	2%	1%
Ambulatory visits	686,871	698,621	743,806	735,279	-1%	5%
Casemix index	1.83	1.91	1.93	1.88	-3%	-2%
Outpatient share	41.3%	42.2%	41.5%	42.6%	3%	1%
CMI/OP adj. admissions	91,126	94,719	98,173	97,638	-1%	3%

Payer Mix Shifts But Less Than Market



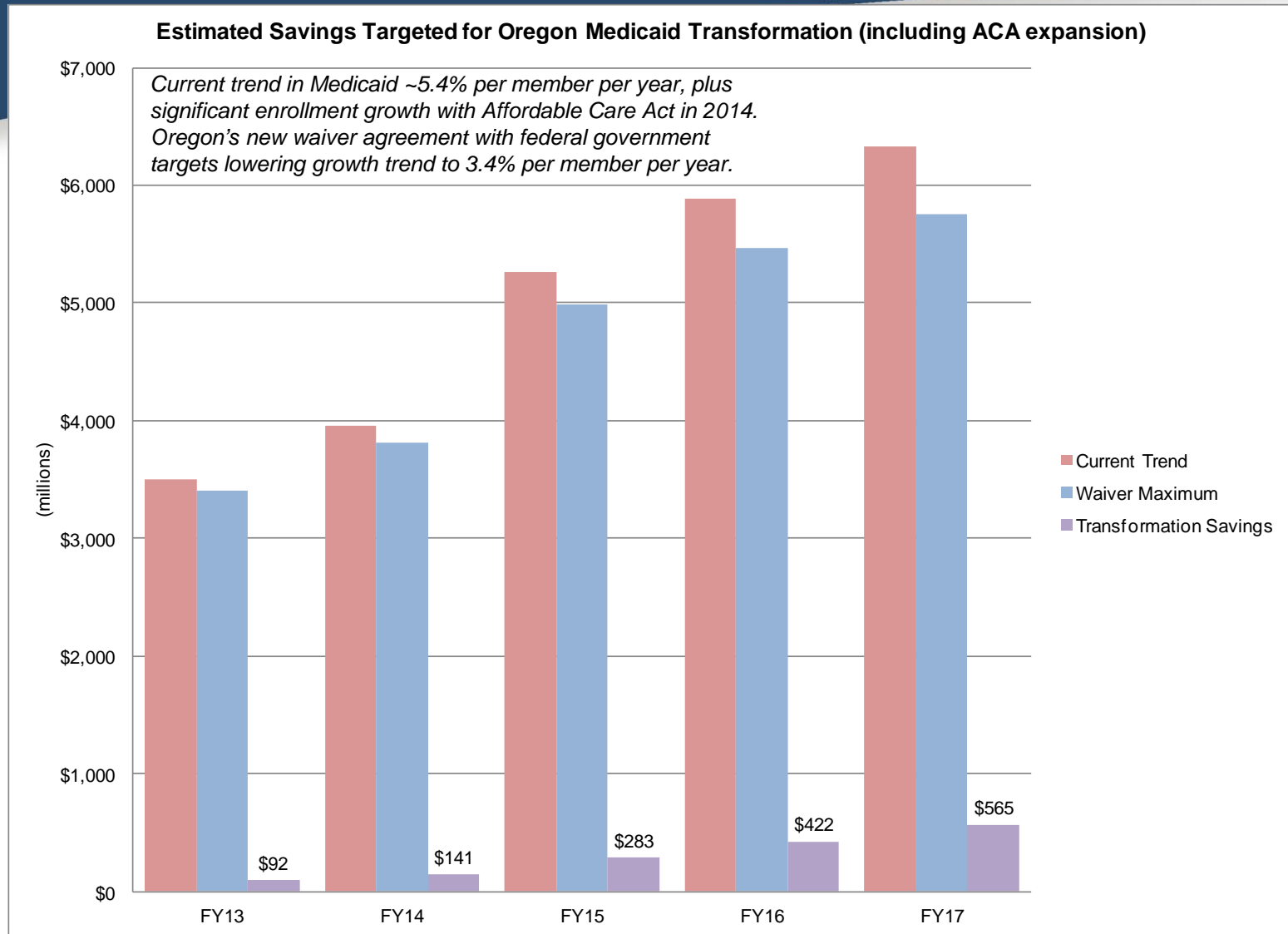
Commercial Admissions by Region and Case Mix Index

REGION	FY07	FY11	FY07 to FY11 % Change
Portland Metro	97,961	71,890	-27%
Non-Metro	98,218	88,589	-10%
Total	196,179	160,479	-18%

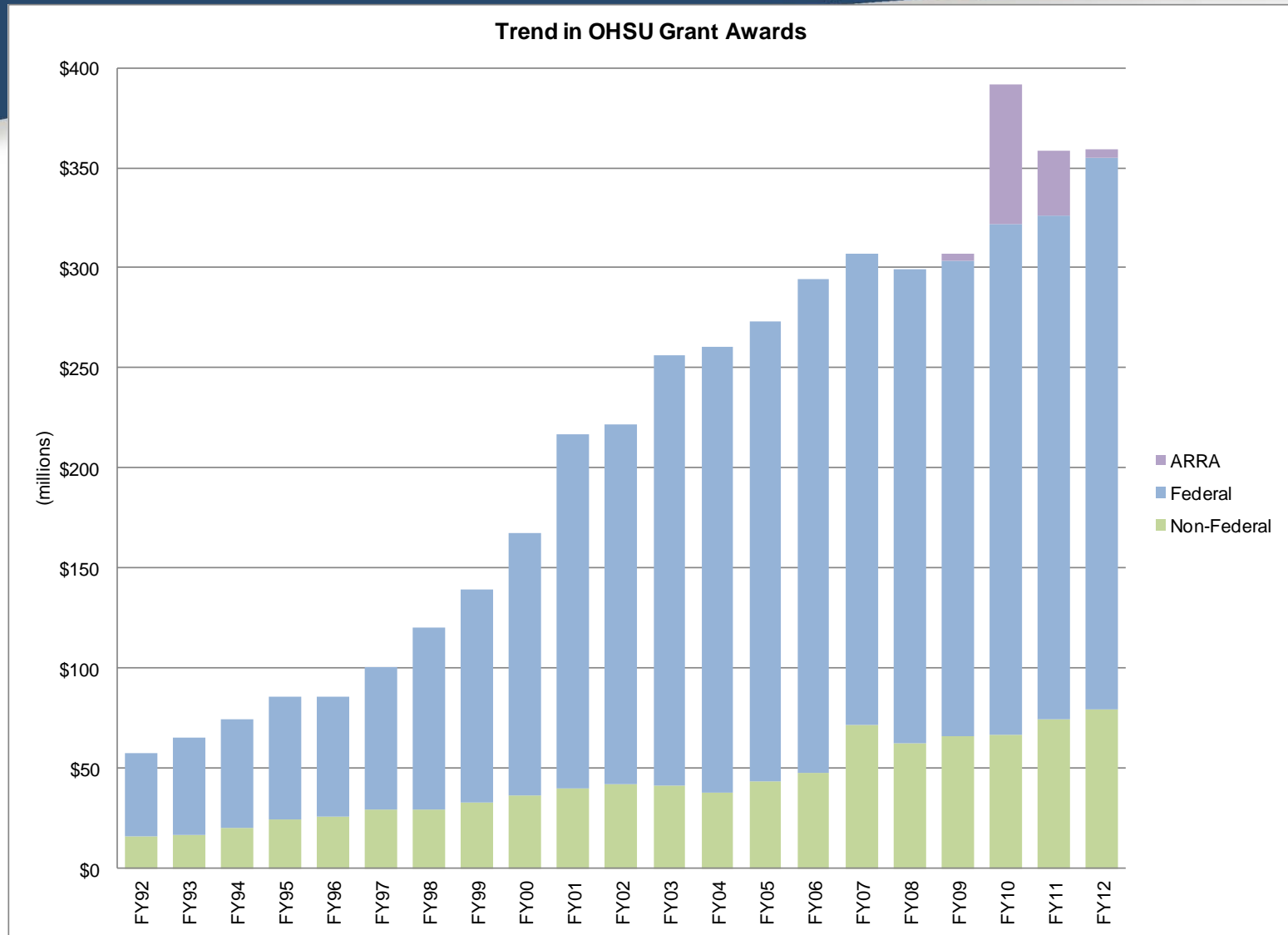
Case Mix Index Over 2.0	26,297	29,735	13%
Case Mix Index Under 2.0	169,739	131,473	-23%

OHSU	13,060	12,069	-8%
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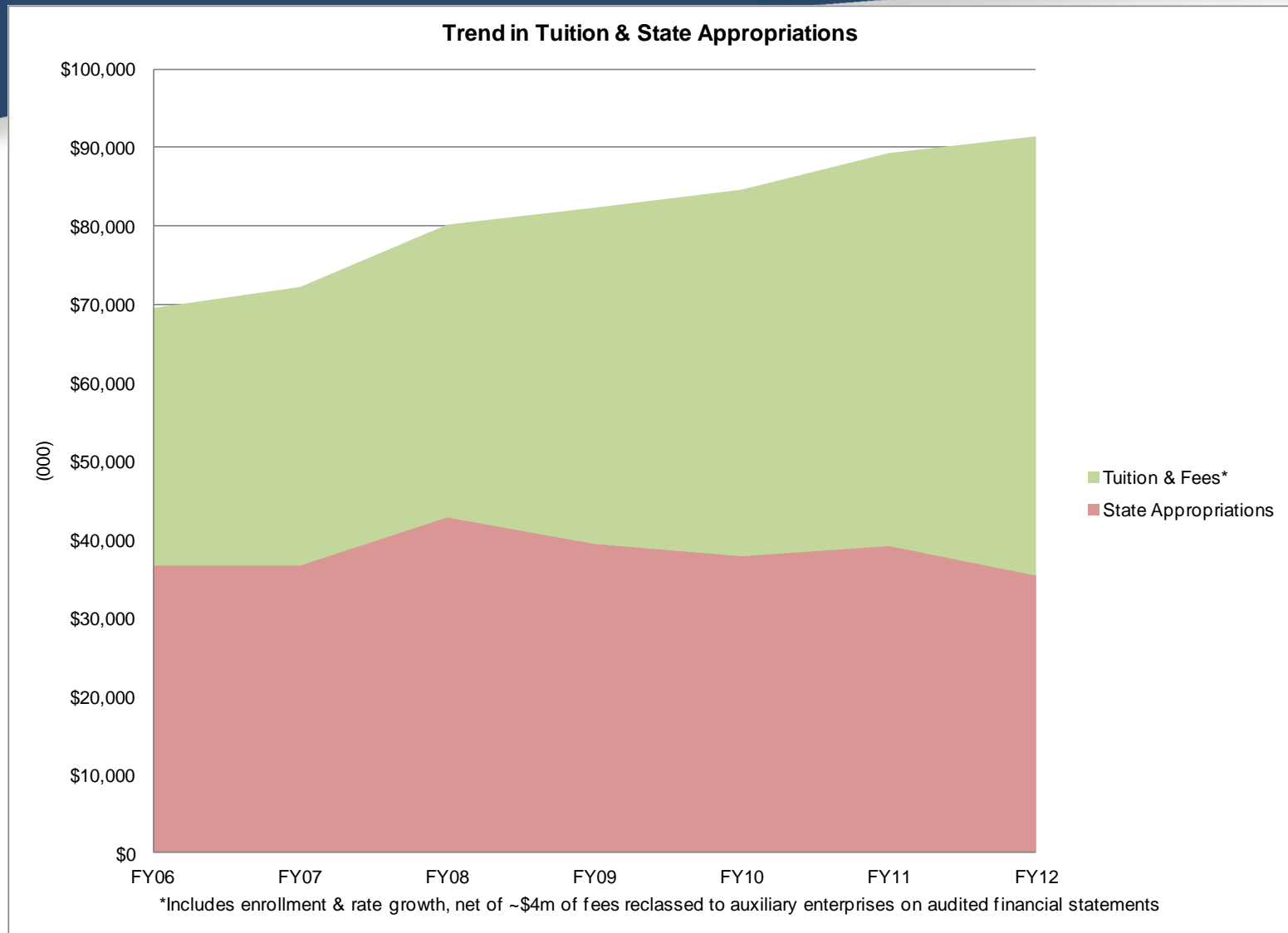
Bending The Curve: Future Medicaid Targets



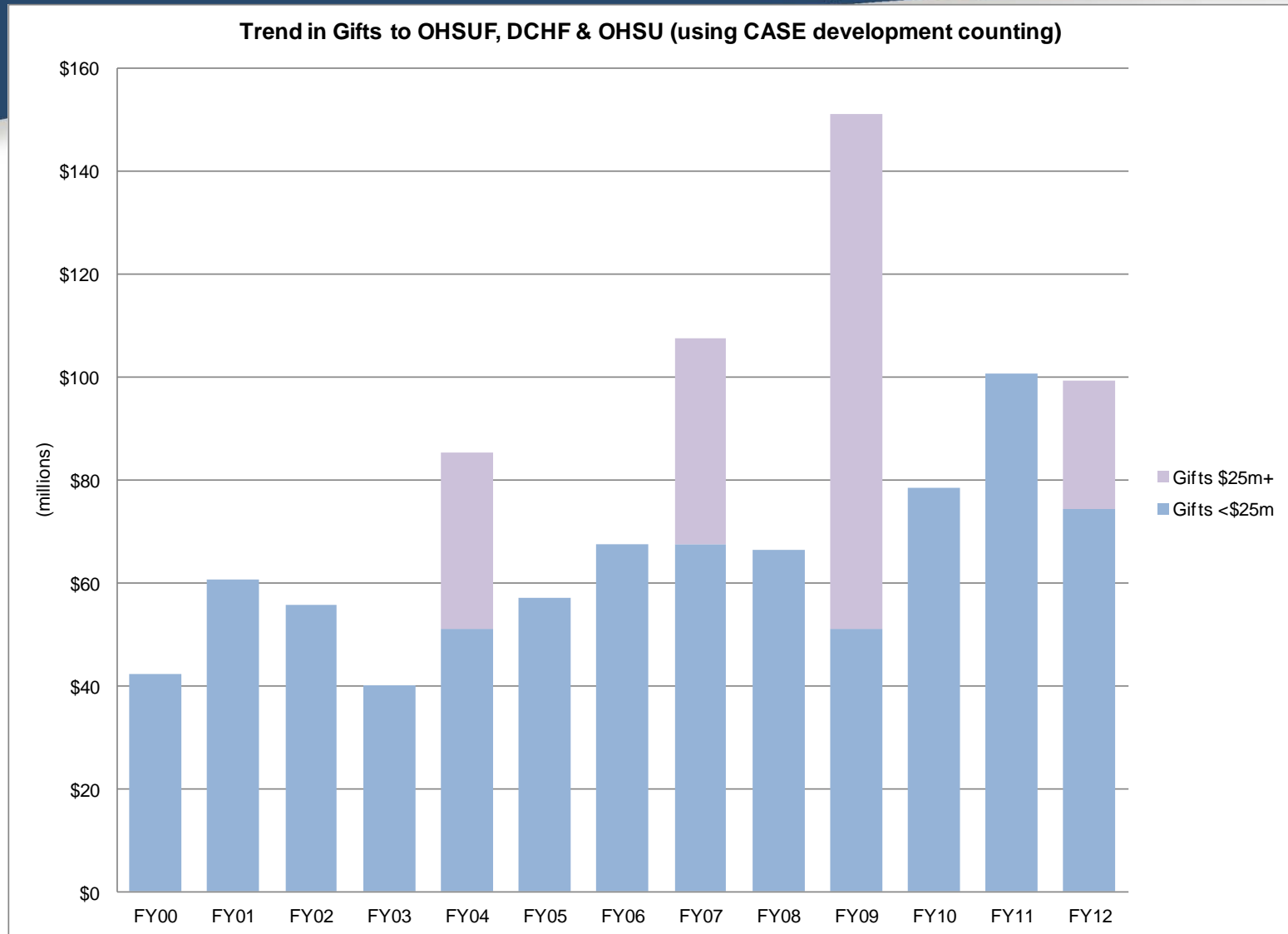
OHSU Offsetting End of Stimulus Grants



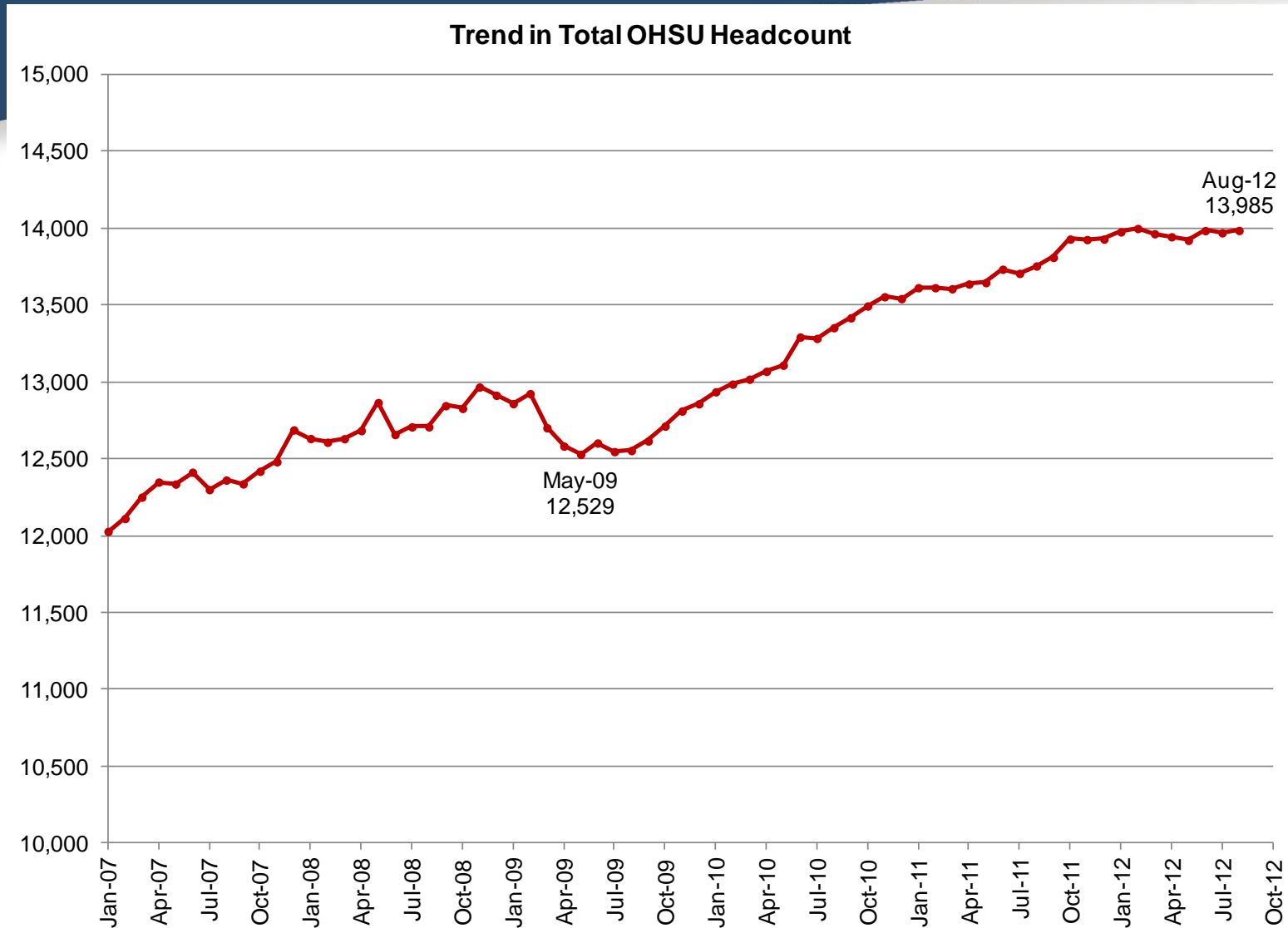
7-Year Trend in Tuition & State Appropriations



Growth in Gifts Raised to Support OHSU



Headcount Holding at 14,000 Faculty & Staff



Net Worth Up 4% Despite Market Volatility

(millions)	6/30/10 Actual	6/30/11 Actual	6/30/12 Preliminary	FY12 Change
OHSU-held cash & investments	\$375	\$430	\$499	\$69
Bond & project funds	95	135	185	50
Quasi-endowment funds	83	96	83	(13)
Total OHSU cash & investments	553	661	767	106
Interest in Foundations	646	691	665	(27)
Net physical plant	1,214	1,237	1,282	46
Long-term debt	(728)	(742)	(801)	(59)
Working capital & other, net	11	23	36	13
OHSU net worth	1,696	1,870	1,949	79
% change		10%	4%	
Operating income				80
FICA settlement interest				11
Investment return & other				13
Net gain (loss) at Foundations				(26)
Total change in net worth				\$79

Operating Cash Flow +\$69M

(millions)	FY12 Preliminary
OHSU operating income	\$80
Depreciation	111
Investment return & other	13
New debt issued for CLSB	85
Quasi-endowment applied	6
Sources of cash	<hr/> 296
Capital spending	(143)
Land purchased	(14)
Principal repayment	(26)
Increase in bond/project funds	(50)
Working capital & other, net	6
Uses of cash	<hr/> (227)
Sources less uses	<hr/> \$69

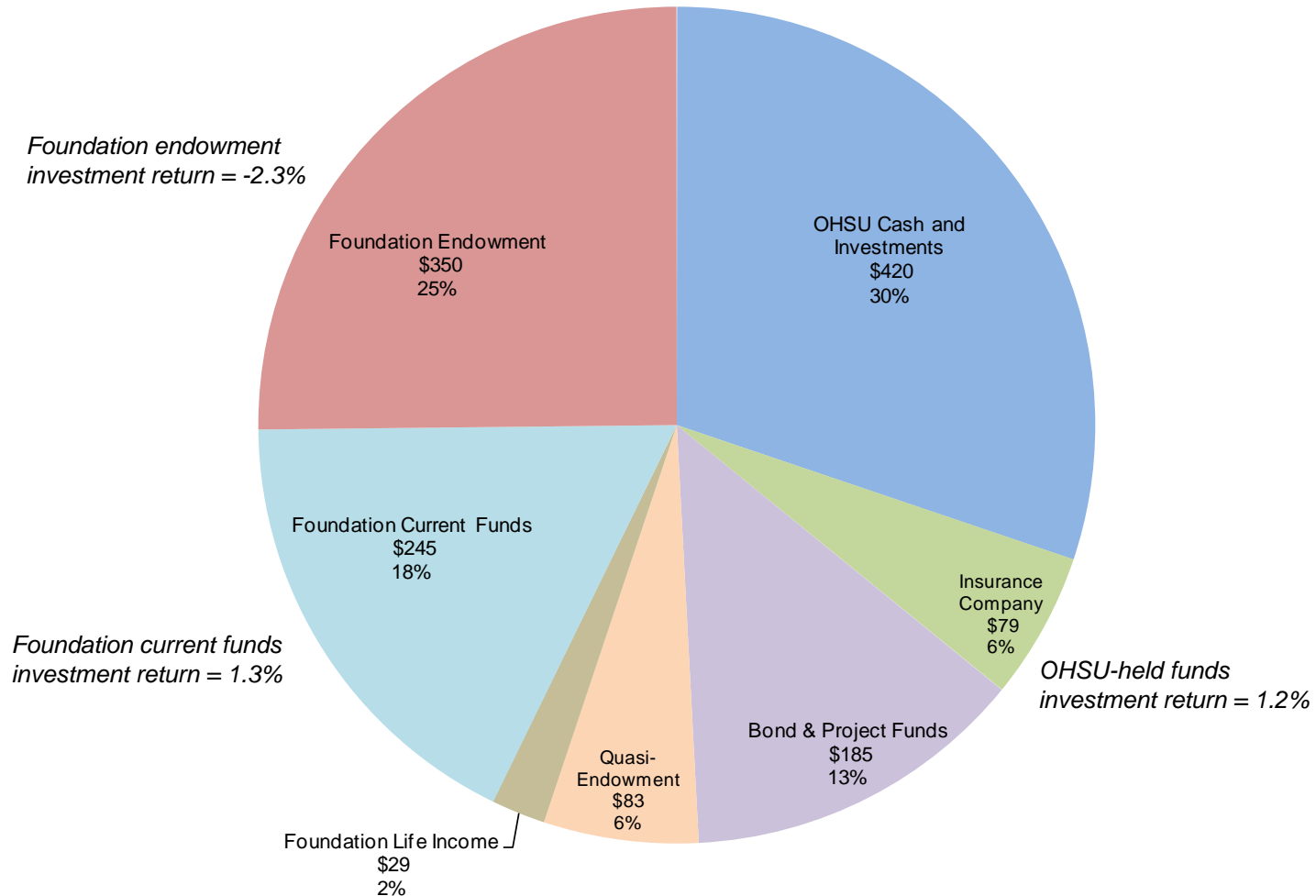
Development vs. GAAP Accounting for Gifts

- The Foundation raised ~\$100 million in new gifts in both FY11 and FY12, double the level of a decade earlier. However, more of the FY12 gifts will be deferred until future years' financial statements under GAAP accounting—largely due to testamentary gifts.
- This timing difference, plus the draw down of gifts received in prior years and weaker market returns, are reflected in a FY12 Foundation operating loss and decline in net worth.

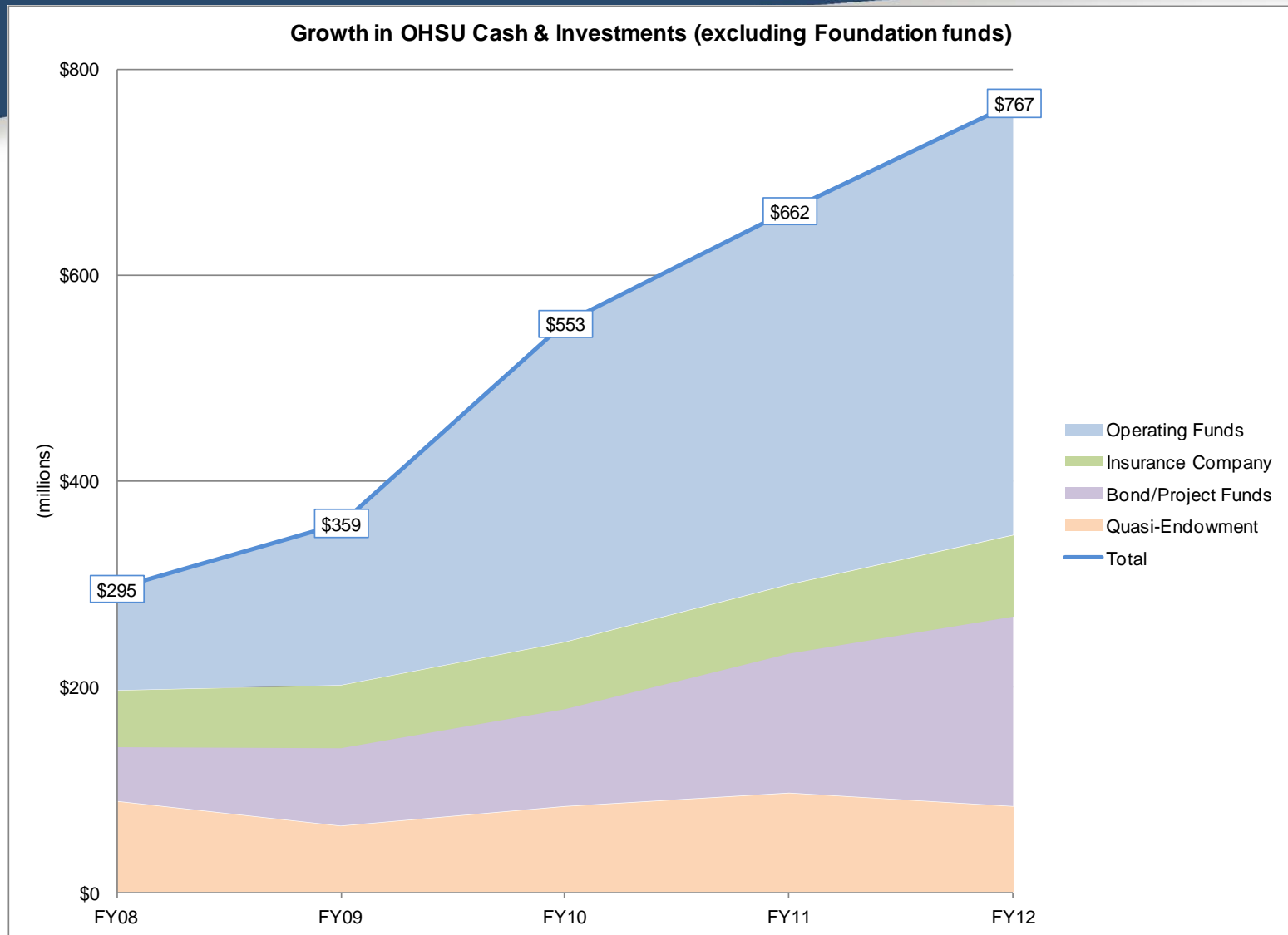
(millions)	FY11 Actual	FY12 Preliminary
OHSU Foundation gifts	\$68	\$69
DCH Foundation gifts	14	11
OHSU direct gifts	19	19
Total per development guidelines	101	99
Adjustment to GASB GAAP	(4)	(23)
Total in consolidated statements	\$97	\$77

Consolidated Investments Near \$1.4B

Consolidated Cash & Investments at 6/30/12
(\$1,391m total = \$767m OHSU + \$624m Foundation)

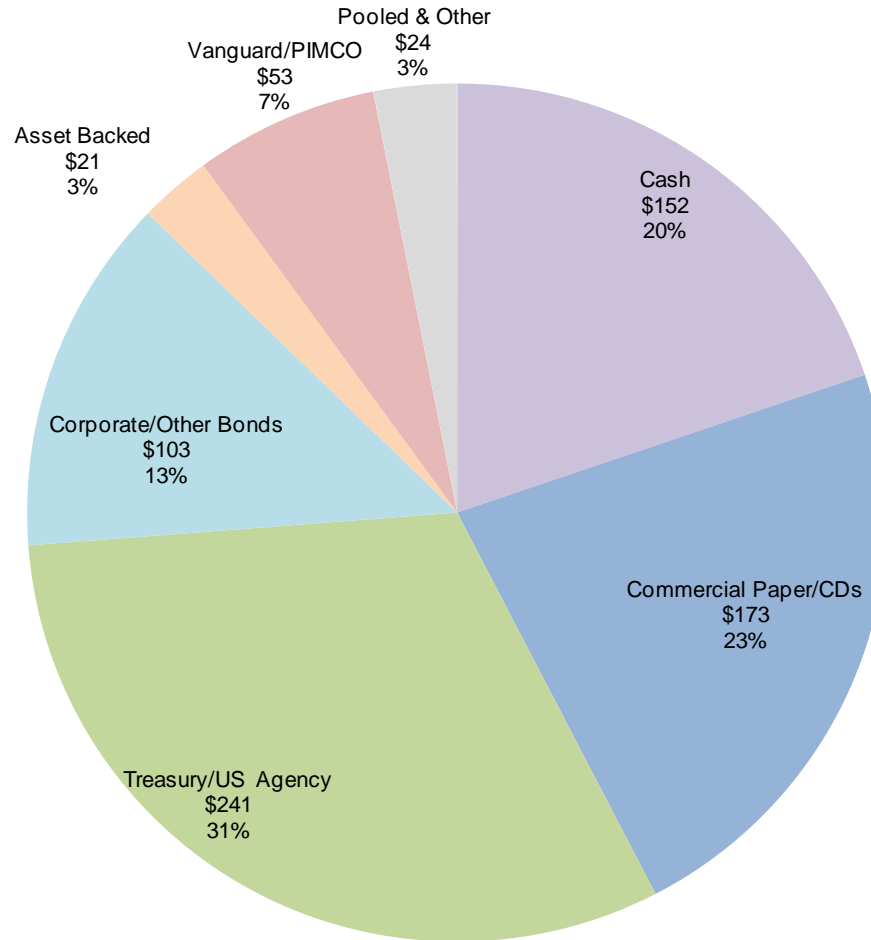


OHSU-Held Investments Up 2.6X in 4 Years



OHSU-Held Investments Mostly Fixed Income

**Asset Allocation for OHSU Cash & Investments
(total = \$767m excluding Foundation)**



OHSU-Held Investments Mostly <3 Years

Maturity Allocation for OHSU Cash & Investments
(total = \$767m excluding Foundation)

