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# University of California Office of the President

UC HEALTH DIVISION  
2017-2022 STRATEGIC PLAN  
Updated March 2021

# Introduction

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The following is the strategic plan for the UC Health Division of the University of California Office of the President. Initially completed in December 2017, the plan was the culmination of work by UC staff over several months and included feedback collected from stakeholders, including Chancellors, Medical Center CEOs, Deans of all UC Health professional schools, and others with whom we partner, provided valuable input.

The leadership team has re-convened each year to review and refine the strategic plan. In FY19-20, Dr. Carrie L. Byington, having recently joined UC, worked with campus leadership including Chancellors, CEOs, and Deans, the UC Health Division, and UCOP, to lead a more robust update of the plan. This included articulating key priorities for the next year, aligning core values with UCOP's strategic framework, and updating UC Health's systemwide goals.

This FY20-21 strategic plan update will be the final update of the current five-year plan. It has been heavily influenced this past year by the COVID-19 pandemic. Goals have been adapted to reflect COVID-19 activities and in some cases these activities have taken priority over others and impacted previous timelines.

Next year UC Health will launch a new, deep-dive strategic planning process to establish the next five-year UC Health strategic plan.

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# Strategic Planning Decision Drivers

# Supporting a World-Class Health Care System

The UC Health strategic plan reflects our commitment to cultivating a solid and sustainable systemwide model to maintain and enhance the University's world-class educational, research, and clinical health care system, including:

- **The nation's largest health sciences instructional program**
  - Nearly 15,000 students and trainees
  - 20 health professional schools on 7 campuses
    - Medicine
    - Nursing
    - Veterinary Medicine
    - Optometry
    - Dentistry
    - Pharmacy
    - Public Health
- **Largest academic health system in the U.S.**
  - 5 nationally ranked academic medical centers, including two in top 10: UCLA (#4), UCSF (#8)\*\*
  - 12 hospitals
  - Over 9,000 faculty physicians
  - Over 10,000 nurses
- **Health plans where UC is at financial risk covering over 300,000 employees, retirees, students and faculty**

\*\* U.S. News & World Report 2020-21 Best Hospitals



# Strategic Planning Decision Drivers

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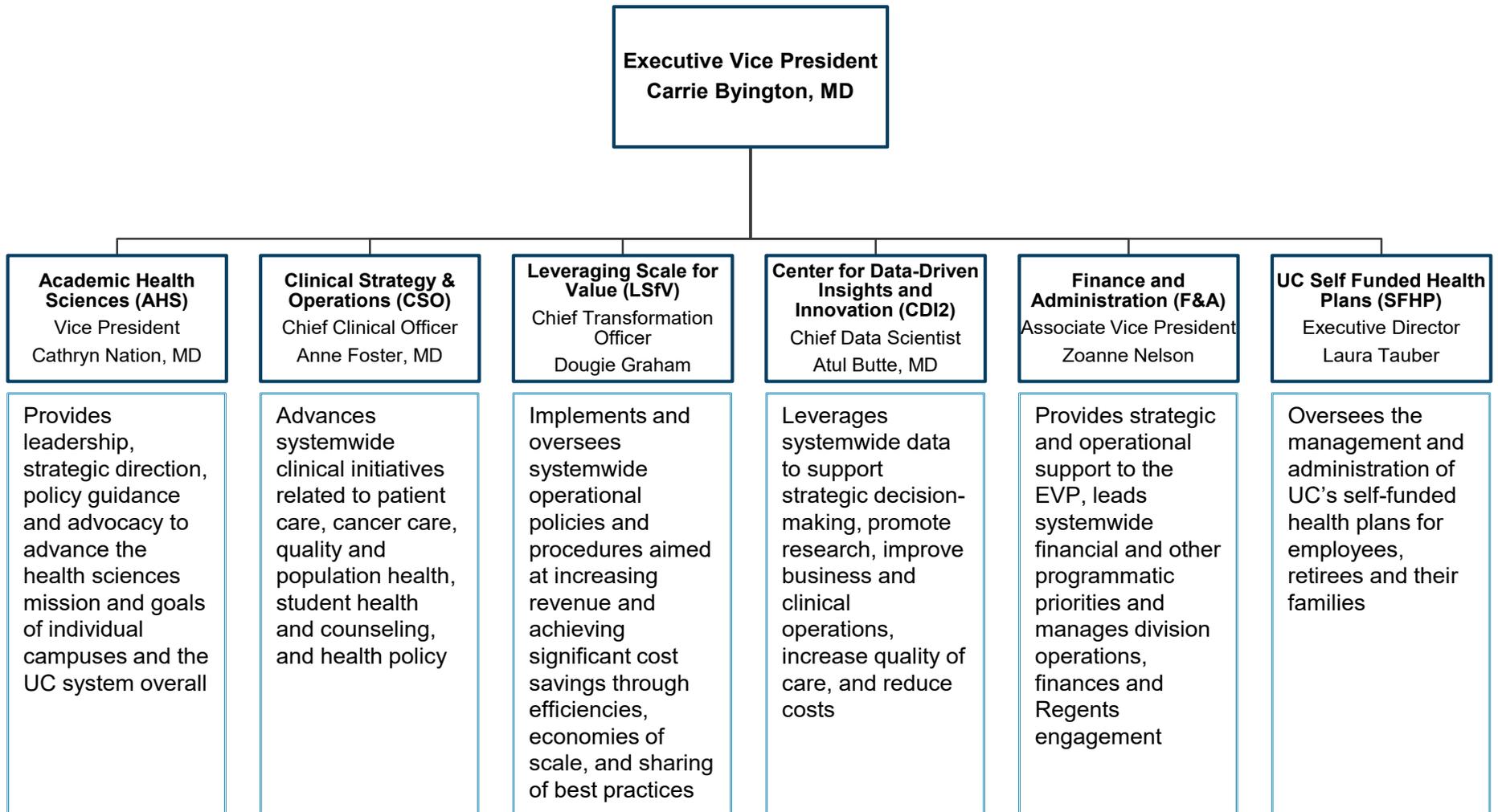
Several decision factors contributed to the development of the 2017-2022 strategic plan, including:

1. The strategic framework for the UC Office of the President (UCOP)
2. The academic, research and clinical missions of the UC Health enterprise
3. Market conditions and the changing landscape of healthcare and demographics
4. Collaboration with the 6 academic health centers and 20 professional schools

In 2020, the COVID-19 pandemic required a redirection of strategic focus, with UC Health contributing to the University's response:

- UC Health stood up the systemwide UC Health Coordinating Committee. Multiple working groups are producing guidance, policies, operational analyses, plans, and crisis standards of care
- CDI2 publishes the daily COVID tracker and other critical analyses for data-driven decision-making and communication
- UC Health advocates at the state and federal levels for funding, policy changes, vaccine allocations, etc.
- EVP Byington regularly updates the Regents and many UCOP and systemwide groups
- Student Health has coordinated symptomatic evaluation and testing, contact tracing, isolation and quarantine, surveillance testing, vaccination, etc., and a rapid transition to telehealth platform

# UC Health Division



*As of March 2020, the UC Health Division has been streamlined into 6 departments and all direct report positions have been hired.*

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# UC Health

## Mission, Vision, and Values

# UC Health Division Mission and Vision

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## *Our Mission:*

Together with the UC community, we provide leadership and strategic direction, foster systemwide collaboration and catalyze innovation within the UC Health enterprise to better educate and train the inclusive workforce of tomorrow; discover life-changing treatments and cures; and deliver exceptional care that improves the health and well-being of all people living in California, the nation and the world.

## *Our Vision:*

UC Health's collaborative approach is recognized as the foundation for building the pre-eminent data-driven learning healthcare system that improves the human condition

# UCOP Core Values

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## ACCOUNTABILITY

We are responsive to the public and our stakeholders' needs, follow through on our commitments, and take ownership for our decisions and actions.

## EXCELLENCE

We adhere to the highest standards of professionalism, quality, and expertise. We strive to be leaders in our respective disciplines and to foster a system that delivers superior outcomes.

## INTEGRITY

We set high ethical standards and lead by example. We act in a credible and trustworthy manner. We treat all people with dignity, respect, professionalism, and fairness.

## COLLABORATION

We believe collective insight and action produces greater results than that of any individual or organization. We facilitate the exchange of information, expertise, and skills to optimize resources and generate the highest quality outcomes. We foster teamwork and, where appropriate, systemness.

## INNOVATION

By establishing an environment which supports creative and diverse thinking, we consistently evaluate perspectives, re-define problems, and seek opportunities to identify, test, and implement new solutions that produce desired outcomes. We accept risk taking as an opportunity to learn.

## MISSION DRIVEN

We are dedicated to and align our work with the University's commitment to education, research, and public service.

## DIVERSITY & INCLUSION

We embrace diversity, equity, and inclusion in all forms. We strive for a community that fosters an open, inclusive, and productive environment where we respect the potential of all individuals to make a positive contribution.



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# UC Health Strategic Objectives and Goals

# UC Health Division Strategic Objectives

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The following UC Health division strategic objectives are based on the UCOP strategic framework of broad-based, long-term aims that move UCOP towards actualizing its vision.

<b>People</b>	Attract, develop and retain diverse, highly productive, talented, and motivated people who exemplify our core values and thrive in a culture of equity and inclusion, public service, innovation, and change
<b>Financial Stability</b>	Ensure financial strength of the University's health related missions through sustainable and innovative financial models with efficient and effective financial management practices
<b>Operational Excellence</b>	Optimize delivery of programs and services through systemwide implementation of best practices that promote efficiency, effectiveness, health, safety, confidence, and quality
<b>Policy &amp; Advocacy</b>	Advance UC's mission by marshalling the institution's expertise and external partners to effectively advance public policy issues and communicate the value of UC to our stakeholders, California, and the world
<b>Executing the Mission</b>	Cultivate a systemwide approach to optimize decision-making and to implement the highest quality health sciences education, research and clinical care toward the improvement of health for all Californians and beyond

# UC Health Division Goal Snapshot

Strategic Objective	#	Owner	Goal Short Title
People	1	Nation	Advance Progress in Promoting Diversity & Inclusion
	2	Tauber	Develop Health Benefits Portfolio Strategy
Financial Stability	3	Nelson	Improve Systemwide Financial Analysis
Operational Excellence	4	Graham	Drive Savings and Efficiencies Through Leveraging Scale for Value (LSfV)
	5	Foster	Create Quality / Population Health Management Function
	6	Butte	Establish Center to Leverage Systemwide Data
	7	Nelson	Strengthen UC Health Operations & Sustainability
	8	Foster	Establish UC Student Health Partnerships
Policy & Advocacy	9	Nation	Strengthen UC Health Policy Function
Executing the Mission	10	Byington	Develop and Launch Systemwide Strategic Initiatives
	11	Nation	Develop Systemwide Enrollment Plan & Strategy
	12	Tauber	Lead Improved Access to Health Services for All Campuses

**Goal: Support each UC health professional school in their efforts to improve diversity and campus climate by advancing innovative initiatives that increase accountability, promote best practices, and improve equity and inclusion for all UC health professional students, residents/fellows, faculty, staff, and administrative leaders.**

**Opportunity:**

Underrepresented minorities comprise less than 14% of physicians, 17% of registered nurses, 12% of pharmacists, and 11% of dentists while they represent more than one-fourth of the US population. California is home to the most diverse population in the nation, yet this diversity is not reflected in its health professions workforce. During the November 2016 meeting of all UC health sciences deans, diversity & inclusion was identified as a top priority. Many deans expressed interest in having UC Health convening the campus health diversity leaders as a strategy for advancing progress. The imperative for increasing diversity in health care has been well documented and frames the importance of these efforts as a means to increase access to care for underserved communities, reduce health disparities, shape a more inclusive research agenda, and enhance the cultural competence of providers. It also recognizes that unequal educational opportunities and other forms of exclusion and discrimination persist and must be addressed. Understanding measures of success that extend beyond compositional diversity, yet contribute to institutional excellence in UC's teaching, research, and service missions are becoming increasingly important for driving change using evidence-based, data-driven approaches for improving diversity and inclusion.

**Proposed Solution:**

UC Health will continue to convene the diversity leaders of UC health professional schools (which has not occurred before) through a series of at least three expertise-sharing forums on diversity-building themes to identify the most effective policies, practices, and/or assessments that improve campus climate, increase accountability, and create opportunities to share best practices across the system. UC Health will also work with Academic Affairs to link UC leaders through education, training, and professional development to create and maintain a supportive work and learning environment that attracts the best faculty, staff, clinicians, and students that are prepared to meet the future needs of the UC system, the health professions, and the broader society.

**Benefits:**

1. Increases the knowledge and expertise of UC health science leaders and staff working to advance diversity, inclusion, and community engagement
2. Strengthens the quality and effectiveness of diversity efforts; fosters accountability for monitoring climate and improvements
3. Supports investment in diversity and inclusion with evidence of its value to organizational performance
4. Builds a professional network of thought leaders and opportunities for greater collaboration/alignment among UC Health leaders of diversity, equity, and inclusion across the system

**Assumptions:**

1. UC leadership will be engaged and available (time, information, and expertise)
2. Current and adequate data (UC/state/national) is available for each of the seven health professions
3. Sufficient staffing and funding at UCOP and on campus will be available to support the effort to implement this goal
4. Work on this goal is linked to the success of UC goal (12) for new enrollment plan, so that diversity is reflected in the UC enrollment strategy

# UCH Goal 1

# Advance Progress in Promoting Diversity & Inclusion

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
1	<b>Support each UC health professional school in their efforts to improve diversity and campus climate by advancing innovative initiatives that increase accountability, promote best practices, and improve equity and inclusion for all UC health professional students, residents/fellows, faculty, staff, and administrative leaders.</b>					
1a	By May 2018, appoint the UC Health Diversity & Inclusion Task Force; membership will consist of diversity leaders (identified by campus leaders) from each UC health professional school					<b>Complete</b>
1b	Convene task force leadership meetings and education/training opportunities to share best practices for improving climate, equity, and inclusion to be underway and ongoing by December 2018					<b>Complete</b>
1c	Seek agreement on a shared understanding of diversity as an essential driver of achieving excellence and on two metrics/indicators of campus climate and method of reporting identified no later than June 2020					<b>Complete</b>
1d	Work with other Office of the President units (IRAP) to improve demographic data collection for health sciences students, residents, and faculty by June 2022					
1e	Publish a summary documenting systemwide best practices that focus on pre-health students, professional students, residents, faculty, staff, and administrative leadership, with systemwide recommendations/implementation strategies for improving diversity and inclusion by September 2020					<b>Complete</b>
1f	Host the UC Diversity Pipeline Initiative and conference to promote academic careers among women of color students in UC Health schools by April 2022					

### Metrics and Targets:

1. Agendas, proceedings documents, and survey evaluations from meetings/forums to demonstrate action, satisfaction, and sharing of best practices
2. Availability of common metrics for climate across campuses
3. Accurate and accessible demographic data in UCOP's corporate database for UC Health students, residents, and faculty by June 2022
4. Conference evaluation feedback and alumni survey for the UC Diversity Pipeline Initiative
5. Increase in underrepresented minorities in the health sciences (faculty, administrative leaders, students) over data from 2016-17 by 2025

### Activity Update:

1. Convened numerous meetings of the Task Force and subcommittees (January – December 2020)
2. Final Task Force report completed in August 2020 and endorsed by EVP Byington; Posted on the UC Health website in October 2020.
3. Presented final report recommendations at two Regents meetings (HSC in October 2020 and Academic and Student Affairs in January 2021)
4. Presented final report recommendations to Health Sciences Deans and Health Center CEOs (October/November 2020)
5. PRIME funding request included in November 2020 Regents budget and the Governor's proposed January 2021 budget
6. Roadblocks:
  - COVID shifted priorities and workload obligations which delayed finalization of the report and addressing data improvement efforts
  - UCDPI conference – discussions (including funding) with other OP departments and campus leadership will resume in 2021

**Goal: By end of 2022, under the leadership of the Executive Steering Committee on Health Benefits (ESC), develop and implement a go-forward strategy to offer innovative, differentiated, compelling, affordable, and comprehensive health plans with outstanding member experience while containing annual percentage growth to 4% or below**

**Opportunity:**

The university has successfully maintained a wide range of health benefit offerings while covering more than eighty percent of the \$2.26 billion total cost of medical benefits for UC faculty, staff, and retirees during a period of dramatic increases in health care costs and constrained university budgets. Ongoing external cost increases and a changing employee and retiree demographic require proactively evaluating the UC portfolio while balancing the coverage needs and affordability for current and future employees and retirees at all income levels, the ability to differentiate from organizations with whom we compete for talent and ensuring we are leveraging the strength of UC's own health care system among other priorities. A Health Benefits Advisory Committee (HBAC) comprised of systemwide stakeholders has been tasked by the ESC to assess the current health benefits portfolio against stated ESC objectives.

**Proposed Solution:**

This goal will be the shared responsibility of the UC Health, COO, and CFO divisions which are represented on the ESC. UC Health and Systemwide HR will develop a 3-5 year strategy to address the design of the benefits portfolio, employee contribution and risk adjustment, role of UC providers, improving access and other areas. UC Health is developing a set of recommendations and/or options based on data and analytics from market research, solutions at other institutions, and modelling impacts of changes in the focus areas. The ESC will review the report and make recommendations to the President for consideration. Completion of this effort may result in new goals for UC Health, COO, and CFO divisions. UCOP health benefits teams will begin implementing desired changes in subsequent open enrollment periods.

**Benefits:**

1. Improved health benefits portfolio and member experience resulting in enhanced employee attraction and retention
2. Financial stability to the University – annual increases not to exceed 4%
3. Additional focus on employee well-being and health
4. Affordable options to all employees
5. Use and support of UC Health providers

**Assumptions:**

1. The research and analysis by consultants including peer benchmarking data is comprehensive and informative
2. UC Health and UC Systemwide Human Resources operate with shared interests and objectives
3. President is aligned to ESC recommendations

## Goal 2 (Cross-Divisional)

## Develop Health Benefits Portfolio Strategy

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23	23-24
3	<b>By end of 2022, under the leadership of the Executive Steering Committee on Health Benefits (ESC), develop and implement a go-forward strategy to offer innovative, differentiated, compelling, affordable, and comprehensive health plans with outstanding member experience while containing annual percentage growth to 4% or below</b>					
3a	Conduct research and analysis for opportunity areas including review of current offerings and benchmarking of similar institutions by August 2020	<i>Complete</i>				
3b	Complete report and develop options for the ESC to make decisions by October 2020	<i>Complete</i>				
3c	Gain Presidential agreement on recommendations by November 2020					
3d	Present findings to constituents and socialize potential changes by January 2021					
3e	Update member communications, websites, and tools to improve member experience by September 2021					
3f	Perform RFP and select partner, if necessary, to implement approved ESC changes by September 2021					
3g	Begin implementing changes for 2021 open enrollment and continue through open enrollment for 2022 and beyond depending on recommendations of HBAC					

### Metrics and Targets:

1. Approved recommendations for the health benefits portfolio by the ESC and the President by fall 2020
2. Projected benefit increases stays within 4% budget increase cap
3. Maintain or improve affordability to lower income employees (*specific metric and target TBD*)
4. Improved employee engagement with health plans (*specific metric and target TBD*)
5. Achieved strategy defined by HBAC (*TBD*)

### Activity Update:

1. HBAC concluded its work and submitted a final report to ESC in December 2020
2. ESC accepted the report and pledged to follow up on several items including increased funding for Healthcare Facilitators and further study on the risk adjustment and employee contribution strategy
3. UC Health is developing a roadmap to expand access to UC care for UC employees
4. ESC approved an RFP for PPO PBM and an RFI for the medical portion of active PPO plans

### Additional Information:

This goal is shared between the COO, CFO, and UC Health and is part of each division's strategic plan.

**Goal: Develop the expertise and standardized infrastructure necessary to make accurate financial decisions and enhance regional and systemwide financial analysis of the health systems to optimize revenue, control expenditures and conserve assets**

**Opportunity:**

Presently, the only systemwide data available to look at the financial performance of individual medical centers is the monthly financial report which UC Health Office compiles manually based on data submitted by receives from each medical center. The level of data currently collected does not allow precise “apples to apples” comparison of expense and revenue “buckets” among the medical centers. More importantly there is no “centralized” mechanism or resource dedicated to work with all the medical centers on issues like the impact of changes in payer mix, ways to maximize revenues or decrease expenses. Finally, there is no central approach to the financial underpinnings of regional or systemwide issues such as recent strikes, access to capital, the impact of proposed transactions, or maximization of assets in general.

**Proposed Solution:**

The proposed solution is to build out the Finance function within UC Health, which is to start with recruiting and hiring a Director of Finance, who will reside in the UC Health Divisional Office, and who will work in coordination and collaboration with the CFOs and other leadership of the medical centers and health professional schools on the following core activities:

- Create automated financial reporting systems and dashboards
- Develop additional cost reduction strategies, in collaboration with existing UC Health functions already working toward improving value (LSfV), aggregating data (CDi2), and optimizing quality and patient experience (Quality Pop Health)
- Financial analysis and support for all major systemwide or multi-campus purchases, lease agreements and affiliations; establishment of financial criteria for, and assistance, decision support in the negotiation and implementation UC Health contracts, joint ventures and strategic alliances.
- Financial analysis and support for systemwide / regional strategic planning efforts -- including financial decision support in the identification and evaluation of new business ventures, affiliations and partnerships consistent with the UC Health short-and long-term strategic goals and objectives.
- Analysis of short and long term financial position of the UC academic health centers collectively, and development of recommendations regarding the on-going organization, integration and effectiveness of systemwide financial analyses.

**Benefits:**

1. Ensure transparency and compliance for external and internal financial reporting requirements, including (in coordination with the UCOP Controller) the annual financial audit – and standardization of the financial reports so that they can be used comparatively to identify best practices and opportunities for improvement
2. Help the entities within UC Health adapt to the new healthcare environment in response to changing payment models and value based reimbursement
3. Ability to better inform strategy development as well as affiliations and other transactions

**Assumptions:**

1. Standardized financial reports will be perceived as useful by medical center CEOs, CFOs and other leadership
2. More sophisticated and strategic financial analysis capabilities within the UC Health Division will facilitate regional and systemwide collaboration and ultimately identify areas for increased efficiencies and reduced costs

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
4	<b>Develop the expertise and standardized infrastructure necessary to make accurate financial decisions and enhance regional and systemwide financial analysis of the health systems to optimize revenue, control expenditures and conserve assets</b>					
4a	Hire Director of Finance by March 2020; hire decision support and financial analyst by September 2021 pending exception approval to the COID-related UCOP hiring freeze					
4b	Implement first phase of UC Health systemwide financial data warehouse, which will standardize and automate the Medical Centers' monthly financial statements so that there can be an "apples to apples" comparison on revenues and expenses from medical center to medical center by June 2021					
4c	Using the financial data warehouse, the Director of Finance – working with the health system CFOs will develop a work plan by June 2021 to conduct systemwide and/or regional analysis in support of the strategic goals and priorities of UC Health. Utilize findings from this systemwide and regional analysis to repurpose current finance slides that are presented to Board of Regents					
4e	In collaboration with medical Center CFOs, Barclay's Finance, and UCOP Finance, conduct a systemwide review of capital needs and debt capacity, creating a 10 year debt strategy.					

**Metrics and Targets:**

1. More detailed and automated standardized financial reports will be used in all locations by June 2021
2. The Finance team is an important resource in support of other UC Health goals and teams (e.g. strategy, pop health LSFV) by June 2021
3. Repurpose financial dashboard content that is presented to Regents that aligns with the strategic vision of UC Health's EVP

**Activity Update:**

1. UC Health hired a Director of Finance to lead the work outlined under this goal, including further development of the warehouse / financial analytical tools – and a plan to use this data strategically to inform various systemwide activities.
2. In collaboration with the UCSF IT team, the UC Health team has been advancing the initial phase of the systemwide financial data warehouse project – to standardize and automate the monthly collection of financial data from the medical centers. The database has been created, standardized Congos financial reports have been written and audited, and historical data is being loaded.
3. Tableau dash boards that will allow targeted users to explore, compare and trend data, are under development. This first phase is targeted to go-live – for use by CFOs, controllers and the UC Health Division by June 2021.
4. Review of systemwide, capital needs and debt capacity is well underway and on target for completion by June 2021
5. Roadblock: FY21-22 budget assumptions include extension of COVID-19 hiring freeze, potentially impacting completion dates

**Goal: Achieve at least \$500 million/year in value through cost reduction/revenue generation starting in FY21-22 through improved system operational effectiveness by implementing new Leveraging Scale for Value (LSfV) initiatives and a new organization/governance**

**Opportunity:**

UC Health has had great success from its Leveraging Scale for Value (LSfV) program. There is an opportunity to expand the number and types of initiatives based on learnings to date that will greatly increase the value to UC Health in the form of additional cost savings and revenue enhancements.

**Proposed Solution:**

To date, LSfV initiatives have been led by key leaders throughout the UC Health system. There is an opportunity to institutionalize the program and expand it through centralized support structures and continued engagement and participation from key leaders of the Medical Centers. A governance structure will be created that is led by a key executive from one of the Medical Centers. Initiatives would have 3-5 year strategic plans supported by annual plans that are measureable with detailed project plans for execution. UC Health will commit to fund the staffing infrastructure consisting of analytical, project management and administrative staff required to support the initiatives. The entire LSfV program will become fully self-funded through savings and revenue generation realized through its initiatives and return additional value through cost savings or revenue generation back to the organization. Included in potential opportunities are insourcing of functions such as Reference Labs, Specialty Pharmacies, etc.

In addition, a major issue for UC Medical centers is the future of the workforce – having the right personnel for needed functions at the right time in order to best serve our patients. The core challenges include recruiting in an increasingly competitive market place; improving our relationships with represented employees on each campus; addressing significant year-over-year increase in costs; and increasing productivity as the broader health system moves more towards value-based care. As part of the LSfV initiative, we plan to examine how we can best address these and other workforce challenges from a systemwide perspective, understanding that such an approach must complement and enhance campus-specific activities.

**Benefits:**

1. Greater value through cost savings and revenue generation by coordinating operations and services across the entire UC Health System
2. Greater engagement and cooperation between leaders of the individual medical centers and UC Health Leadership
3. Operational efficiencies, savings and revenue streams that are sustainable and ongoing

**Assumptions:**

1. LSfV Strategic Plan and Governance Structure will be approved by UC Health and Medical Center Leadership
2. Infrastructure as identified in the detailed Financial Plan will be implemented to support execution of initiatives
3. Each UC Health Medical Center commits to full participation in the LSfV Program including all initiatives

# UCH Goal 4

# Drive Savings and Efficiencies Through LSfV

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
5	<b>Achieve at least \$500 million/year in value through cost reduction/revenue generation starting in FY21-22 through improved system operational effectiveness by implementing new Leveraging Scale for Value (LSfV) initiatives and a new organization/governance for LSfV</b>					
5a	Create and approve new governance structure for LSfV by January 2018	<i>Complete</i>				
5b	Create detailed financial plan to include self funding mechanism, infrastructure/staffing requirements and all other expenses plus expected return to UC Health by March 2019	<i>Complete</i>				
5c	Create 3-year Strategic Plan for the overall LSfV Program (including multiple initiatives) by March 2020	<i>Complete</i>				
5d	Complete staffing infrastructure build by end of FY19-20	<i>Complete</i>				
5e	Develop and execute annual plans for each LSfV initiative to meet strategic goals and annual value targets set for the LSfV Program beginning in FY19-20					

### Metrics and Targets:

1. Specific value targets for the LSfV Program will be set on an annual basis; minimum value target for FY21 – FY22 will be \$500M. Targets for Fiscal years prior will include a ramp to reach the \$500M target
  - o Each Initiative will have targets and metrics to include cost savings / revenue generation as well as infrastructure expense management and net value returned to UC Health that in aggregate will meet the Program Goals

### Activity Update:

1. This project saved \$182.5m in Fiscal Year (FY) 15, \$261m in FY16, \$286m in FY17, \$239m in FY18, \$325 million in FY19 and an estimated \$500M in FY20 for a cumulative impact of more than \$1.6 billion over the 6-year life of the program.
2. Focus expanded by including Labor Productivity, Pharmacy, Laboratory and Capital Equipment. Construction spend is now in sight
3. Governance structure was approved
  - Utilizing Supply Chain Governance for all of LSfV
  - Utilizing UC Health Operational team as Advisory Board
4. Roadblocks:
  - Overall hiring has been slowed due to the COVID-related UCOP hiring freeze.
  - Value is coming in slower than original plan, largely due to speed of hiring.
  - Year-over year, it gets harder to continue finding efficiencies, particularly in sourcing and contracting optimization

**Goal: Advance value-based care delivery, improve patient outcomes, and reduce costs by providing leadership and support on the development and implementation of a data-driven systemwide quality and population health management function**

**Opportunity:**

Each of the five medical centers and their respective faculty practices have variable approaches and levels of ability to measure and improve quality, take risk and manage their patient populations to improve outcomes while advancing value based care delivery. By comparing standards of care, outcomes and other data, our medical centers, faculty practices and health plans will be able to identify best practices within the system to make decisions about care management that will improve patients' health through prevention, community engagement, and value based care delivery optimizing total cost of care. Building upon the work of CHQI in the quality arena, additional clinical leadership and support is required in order to identify and implement effective systemwide approaches. With increasing pressure on providers' reimbursements and growth in number of patients with low paying Medicare and Medi-Cal, these efforts will be critical to continued financial success of the UC medical centers and UC as an employer taking on risk with its self-funded health plans.

**Proposed Solution:**

Create the organizational infrastructure (leadership, relevant expertise and project management) to enable UC providers and the UC self-funded health plans to develop and implement a data-driven quality and population health management strategy. Building upon the current population health working groups, the medical centers will each appoint, and UC Health will convene, subject matter experts (including from our nursing and public health schools) who will work closely with UC Health leadership to develop and execute quality and population health initiatives together. They will partner with the UC Health Managed Care Contracting team to develop successful execution strategies for existing and new at-risk arrangement with health plans. The existing Quality Dashboard will be expanded to be a useful reference tool for stakeholders systemwide. Using our UC Health Data Warehouse, we propose to integrate and analyze the currently-disparate clinical and claims data sets to unlock the answers to achieving higher quality and lower cost; this effort will include leveraging appropriate expertise to develop robust analytics and reporting tools for the Health Data Warehouse. A key part of the quality / pop health management function will also be to support and ensure appropriate coordination among existing systemwide initiatives (e.g. telemedicine, CT Surgeons, Primary Care Collaborative). In the longer term, a key component of this initiative will be communication and coordination with researchers (e.g. via UC BRAID) and other campus experts and initiatives to align our work with a learning health system concept, including developing a strategic approach to research / evaluation and evaluation, translation, and workforce development.

**Benefits:**

1. Improved patient outcomes
2. Lower costs in the longer term, for our medical centers and health plans
3. Better ability to measure and influence the health of targeted populations, including improved prevention and, ultimately, consideration of environment / social determinants of health
4. Improved / appropriate patient access to care; higher patient / member satisfaction

**Assumptions:**

1. Development and staffing of the health data warehouse as detailed in Goal #6—all software analytic expense included in that goal
2. Buy-in from medical center leadership for this effort and active, sustained engagement among system-level subject-matter appointees
3. Funding – for initial limited consulting services, recruiting, positions in UC Health
4. Head count – ability to hire initial 2-3 positions in UC Health
5. Medical Center working group participants assumed to already be employed and part of the cost structure

# UCH Goal 5

# Create Quality / Population Health Management Function

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
6	<b>Advance value-based care delivery, improve patient outcomes, and reduce costs by providing leadership and support on the development and implementation of a data-driven systemwide quality and population health management function</b>					
6a	By March 2021, hire a Chief Clinical Officer – a clinical leader, who will continue to build a team made up of subject matter experts in quality and population health management	<b>Complete</b>				
6b	In the near term (by April 2020), the existing team will work with the established steering committee, CEO sponsor, and other UC Health leadership to create a strategic framework; prioritize existing and new systemwide initiatives (stemming from landscape assessment / retreat); and formalize a charter and governance for this function.	<b>Complete</b>				
6c	The Chief Clinical Officer and team will further develop the scope of this function, including working with the established steering committee to develop longer term goals, by December 2021.					
6d	Begin plan implementation by January 2021					

**Metrics and Targets:** *Upon hiring of the CCO, metrics will be revisited to align with this function’s strategic priorities and initiatives*

**Activity Update:**

1. Formalized governance structure and charter; developed a systemwide strategic framework to prioritize work in value-based care delivery
2. Refined and expanded the population health analytics platform
3. Launched the Social Determinants of Health workgroup to begin systemwide coordination toward addressing health disparities
4. Continued progress on the CEO-approved initial scope of work:
  - o **UC Self-funded plans (UC Care)** – Convene campus SMEs that developed action plans for 68 strategies across their sites (42 have been implemented); major dashboard improvements include commercial benchmarks and analytic and tracking tools to help target high cost areas and high need populations.
  - o **“UC Way” for Diabetes and Hypertension care** – Completed development and began systemwide implementation of 3 diabetes interventions. For hypertension: identified metrics and strategies for improving care including BP control in African Americans; designed dashboards for tracking and reporting on performance for both initiatives.

**Goal: Support research, inform and improve business and clinical operations, and generate efficiencies through economies of scale by establishing a new center within UC Health for system-level data-driven insights, innovation and transformation**

**Opportunity:**

While there are robust analytics capabilities and activities at the campus level, we often don't have or use data-rich, system-level data to (i) provide insights locally; (ii) drive new insights across the system; (ii) help the professional schools and medical centers do what we are already doing better, faster, and cheaper; (iii) facilitate scientific research (iv) help us determine what initiatives to prioritize, accelerate, and (v) define where we do better as a system. We've also been looking at data largely from a siloed perspective. UC Health's use of data is ad hoc and inefficient; we use it to inform some projects and not others. And there is no repeatable business process to leverage data quickly and accurately. While we have established a clinical data warehouse, there is currently no devoted focus or resources; no clear strategy for system-level use; and no organized way to drive insights from the data into action. And while there is currently some analytics capability within UCOP with IRAP, current efforts and expertise are not geared towards the health / clinical context. And combining clinical and plan data with the structured financial data to be generated via Goal #3 will yield even more powerful insights to more efficiently drive medical center operations.

**Proposed Solution:**

Establish and staff a center within UC health to address these gaps and further develop our newly-established UC Health Data Warehouse. The Center would establish four main functions (i) building and maintaining technical infrastructure (ii) developing data analytics capabilities; (iii) data governance; and (iv) strategy and support / project management services to advance internal activities and collaborations with third parties. Notably, the data analytics and technical infrastructure – while supported by UC Health – would reside at the campus level, building upon the existing IT infrastructure and expertise in place for the clinical data warehouse. This center would convene and work closely with research thought leaders and subject matter experts and stakeholders on the campuses, including in our health professional schools and non-health departments. This center (and the UC Health Data warehouse) will inform and support several of the other goals in our strategic plan-- particularly, goals #4 #5, and #10.

**Benefits:**

1. Supports goal #5 -- Identifying and sharing best clinical and operational practices to improve the quality and efficiency of care delivery, improve outcomes, and reduce cost
2. Generate efficiencies by eliminating the need for campus-level personnel and infrastructure (e.g. for mandatory reporting)
3. Inform strategic business planning, as well as planning in our professional schools, including for workforce and curriculum needs
4. Support research efforts, including multi-campus initiatives
5. Inform and support regulatory compliance efforts
6. Provide the leadership and project management support to facilitate innovative multi-campus projects and partnerships involving UC Health data

**Assumptions:**

1. Investments for infrastructure and staffing are approved by medical centers and UCOP
2. Each campus within UC Health commits to participating in data-driven initiatives – as outlined in the strategy for the center

# UCH Goal 6

# Establish Center to Leverage Systemwide Data

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
7	<b>Support research, inform and improve business and clinical operations, and generate efficiencies through economies of scale by establishing a new center within UC Health for system-level data-driven insights, innovation and transformation starting in March 2018</b>					
7a	Develop an initial high-level work plan to establish this Center, including functions, staffing needed, resources, and near-term goals and obtain buy-in from internal stakeholders by January 2018	<b>Complete</b>				
7b	Establish and convene system wide governing committee by April 2019	<b>Complete</b>				
7c	Produce First Annual Report of Center's Activity by April 2019 and Second Annual Report by June 2020	<b>Complete</b>				
7d	Hire Director, External Projects and Partnerships by April 2021; hire additional Director positions by April 2022					
7e	Finalize bylaws for the systemwide Center Oversight Board (established April 2019) and cybersecurity governance document	<b>Complete</b>				
7f	Produce Third Annual Report of Center's Activity by June 2021					
7g	Working with Center Oversight Board, and with input from medical school deans and health system CEOs, finalize a detailed strategic plan for this calendar year and longer-term goals for the next 2 years by January 2020	<b>Complete</b>				
7f	Complete implementation of first phase of strategic plan by March 2021; refresh strategic plan and complete second phase by March 2022					

### Metrics and Targets:

The detailed strategy sets targets for the center's initiatives that include supporting the other functions in meeting clinical quality goals, improving patient outcomes and generating savings. The strategy also includes a focus on serving the data needs of the research community, the UC Cancer Consortium, and partnerships that generate revenue to support CDI2's future efforts. The strategic refresh will include adding functions related to ongoing response to the COVID-19 pandemic.

### Activity Update:

1. Significant support of UC Health response to COVID-19 pandemic including (1) coordination with local Health IT teams to provide systemwide reporting re testing, inpatient census, and vaccine tracking; and (2) coordination with UC Biomedical Research Acceleration, Integration, & Development (UC BRAID) to create a COVID-19 patient research limited dataset (UC CORDS)
2. Executing on several targeted campus-wide initiatives, such as Quality and Population Health Projects (QIP, diabetes, hypertension, UC Care) and LSFV projects (pharmacy drug transitions and supply chain analytics).
3. Supporting research efforts through debuting in June 2020 a secure cloud-based data science environment called Data Discovery that provides researchers with tools that enable them to query and analyze a deidentified instance of the UCHDW
4. Closing out Phase 1 of the ECAS cybersecurity audit of the UCHDW in December 2020
5. Developing and presenting for review to the Center Oversight Board a proposed detailed strategic plan for the next year
6. Roadblock: UCOP hiring freeze and resource constraints due to COVID-19 pandemic

**Goal: To optimize operational effectiveness and drive achievement of our strategic planning goals, UC Health will improve internal delivery capabilities and explore innovative solutions to make the Division more sustainable**

**Opportunity:**

Over the past 10+ years, UC Health has grown in evolutionary ways that have led to an opportunity for the creation of a more structured operational environment. In order to continue to successfully advance the effective execution of the goals in our strategic plan, it is imperative that UC Health position itself in a way that allows for structured projected growth and future sustainability. UC Health must optimize internal resources, develop standardized implementation of operational procedures and advance staff development and professional growth opportunities. In addition, UC Health will explore of methods for alternate sources of funding that can be used to advance the overall strategic mission of the Division.

**Proposed Solution:**

- Formalize methodologies for staff development and professional growth opportunities
- Establish internal working group and document standard operational procedures across the Division
- Determine sources of, and plan(s) for, capturing and optimizing alternative revenue sources to be used for advancement of Division strategic objectives. These revenue sources may be philanthropy, extramural grants, funding sources for strategic missions that fall outside of the Health Systems, or innovative models based on current LSfV programs

**Benefits:**

1. Standardize procedures for staff development opportunities
2. Staff and operations are better positioned to meet the delivery needs of the division
3. Financial sustainability of UC Health
4. Opportunity to improve collaboration, create efficiencies and operate more as a group advancing shared goals

**Assumptions:**

1. Internal working group dedicated to development of internal policies and procedures is convened and meets regularly
2. Funds secured outside of current funding mechanisms exist

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
8	<b>To optimize operational effectiveness and drive achievement of our strategic planning goals, UC Health will improve internal delivery capabilities and explore innovative solutions to make the Division more sustainable</b>					
8a	Formalize plans for staff development and professional growth opportunities by June 2021					
8b	Develop policies and procedures to standardize Division operations by June 2022					
8c	Work with stakeholders to determine sources of, and plan(s) for, capturing and optimizing alternative revenue sources to be used for advancement of Division strategic objectives by June 2021					

### Metrics and Targets:

1. By June 2022, develop at least three standardized procedures and processes for division-specific operations
2. By June 2021, consider pilot program (*to be run for at least one year* before any major decision to propose change to current funding models is considered) for the analysis of varying degrees of funds reallocation based on elements of cost savings and value added to the system (floor on funding should be implicit)
3. By June 2021, identify at least two sources of alternative funding.
4. By June 2022, 100% of UCH employees will have participated in a division-approved professional development opportunity. Professional development has been implemented as a requirement for all UCH employees and we should be well on target to hit this metric as a Division.

### Activity Update:

1. UC Health strengthened internal operations through the hiring of an Associate Vice President of Finance & Administration (Dec 2020) and a new Chief Clinical Officer (Mar 2021). Operationalizing both of these senior leadership positions will position UCH for both future growth and sustainability.
2. Division managers have been given permission to support and fund professional development for their team members from existing and future operating budgets. Funding is to be allocated at the discretion of the manager.
3. Internal working group has been formed, was suspended during the first several months of COVID response, but reconvened starting in November 2020 and is meeting regularly to operationalize policies and procedures
4. CDi2 secured external funding sources from the Robert Wood Johnson Foundation (\$100k) and from the FDA Center of Excellence in Regulatory Science and Innovation (\$99K)
5. A current LLC, UC Health Ventures, that has existed since 2015 and has been managed by the OCIO, could present opportunities for revenue generation. Conversations regarding the future use of this entity will be ongoing
6. Roadblock: Several key strategies were delayed due the COVID-related hiring freeze and prioritization of the response.

## **Goal: Establish effective, initiative-based working partnerships between UC Health Academic Health Centers and Student Health and Counseling units by December 2021**

### **Opportunity:**

UC Health, Student Affairs, and Risk Services have developed excellent working relationships that support the quality, safety, and effectiveness of medical and mental health services provided to UC students. As the demand for these services continues to escalate, it is clear that novel approaches to clinical care delivery must be identified to better meet the needs of UC students. A key untapped opportunity for the Student Health and Counseling (SHC) units is the development of high-level collaboration with UC Health's Academic Health Centers to better leverage UC Health's clinical, teaching, and research assets to improve the capacity, depth, and range of services available to UC students. UC Health's emphasis on a systemwide commitment to develop and grow effective partnerships between its Academic Health Centers and Student Health and Counseling units will serve as the foundation in which novel collaborative service ideas can be cultivated, tested, and deployed. These collaborations will focus on the provision of highly accessible, high-quality care; a teaching setting that retains a student-centric approach to care; and a research environment that will better enable the SHCs to evaluate the effectiveness of care models and the characteristics of UC's student population that predict health outcomes.

### **Proposed Solution:**

Expanded partnerships between UC Health's Academic Health Centers (AHCs) and Student Health and Counseling (SHC) units will be created by identifying and engaging with leadership and evaluating potential areas for collaboration within clinical care, teaching, and research. A number of urgent initial priorities have been identified, including: 1) the need for the SHC centers to fully participate in UC Health's systemwide response to Sexual Violence and Sexual Harassment concerns, 2) the upcoming provision of on-campus abortion by medication services to UC students as required by SB-24, California's recently passed legislation that will require this on all UC campuses, and 3) the provision of additional mental health services to UC students and campus communities at large. Initial planning meetings will facilitate conversation on current issues; clarify roles and responsibilities of UCOP and campus-based oversight units; and determine the scope, objectives, measurable outcomes, and the resource and data requirements and to successfully care initiatives and measure results of agreed-upon projects. Participants will present proposed action plans on identified concerns and status of outcomes to UCOP and campus leadership. In support of implementation and operationalizing projects, regular meetings will be held to assess progress on projects in development or underway; strategically meet emerging challenges and threats by reviewing and revising agreed-upon initiatives; and periodically assess leadership and constituent satisfaction with the oversight and guidance provided to these units and the student services these units provide. Throughout these processes, best practice sharing will be encouraged, with an opportunity to showcase progress and identify opportunities at biannual meetings.

### **Benefits:**

1. Creation of high-level collaboration between UC AHCs and SHC units to increase the capacity, scope, and quality of care delivered to UC students; enhance student satisfaction with services received; and further the University's missions of clinical care, teaching, and research
2. Improvement in the financial stability of SHC operations through greater collaboration and implementation of project-based care initiatives. Establishment of SHC units as learning laboratories that may potentially yield increased teaching opportunities for UC Health's post-graduate medical training programs and SHC behavioral health training programs and provide an environment where innovative care models and population health interventions can be identified, analyzed, and deployed

### **Assumptions:**

1. The UC President, Executive Vice President of UC Health, and Provost will champion the development of collaborative partnerships between UC Health AHCs and SHC
2. The CEOs and CMOs of UC Health's AHCs will be responsible for their organizations' active participation in initiative-based collaborations, as will the Vice-Chancellors of Student Affairs and the leadership of the SHC units at each campus
3. UC Health/UCOP Graduate/Undergraduate and Equity Affairs will coordinate establishment of key priorities, group facilitation, best practice sharing, and reporting functions
4. UC Health's AHCs and SHCs will commit sufficient joint resources to achieve the goals set out by the collaborative partnership
5. Chancellors, VCPBs, VCSAs, Student Health and Counseling Directors, and other stakeholders will receive timely and effective project communications

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
9	<b>Goal: Establish effective, initiative-based working partnerships between UC Health Academic Health Centers and Student Health &amp; Counseling units by December 2021</b>					
9a	CMO, Student Health and Counseling, and the systemwide SHC Clinical Risk Manager work with SHC units to ensure steady progress on compliance with all SVSH guidance and policy mandates within 2020 and provide Regents update on this progress in spring 2021 Regents Annual Report					
9b	CMO Student Health and Counseling to oversee development of medication abortion implementation requirements, including development of standardized protocols, documentation templates, clinical outcome measures and patient satisfaction instrument					
9c	Support initiation of campus-based medication abortion services to UC students by 2-3 campuses by December 2020					
9d	Work with UC Telehealth collaborative to attain funding for Student Mental Health Telehealth pilot by December 2020					
9e	Assist UC Virtual Care Collaborative with initiation of telehealth mental health services to pilot campuses by December 2021					

**Metrics and Targets:**

1. Begin implementation of UC Health systemwide SVSH policy changes at all campus-based SHC centers by identified deadlines by February 2020
2. Begin implementation of medication abortion services at select campuses by Fall 2020.
3. Augment behavioral health services at five or more SHC centers by Fall 2021 academic term

**Activity Update:**

1. Substantial compliance with SVSH guidance achieved in 2020 and reported to Regents in February 2021
2. Development and support of campus-based SHS COVID-19 response capacities resulted in significant delay in campus implementation progress on deployment of medication abortion services and augmented mental health services
3. Delayed SB-24 funding distribution to UC (December 2020) from the CA Commission on the Status of Women and Girls adversely affected campus readiness to initiate these services at most campuses
4. Medication abortion workgroup successfully developed standardized clinical protocols, documentation templates, clinical outcome measures and patient satisfaction survey instrument. Infrastructure created to begin SB-24 grant fund distribution for allowable expenses for abortion services readiness.
5. Worked with UC Virtual Care Collaborative (VCC) group to successfully attain pilot seed funding of \$4.9M from the UC SHIP program
6. Worked with Collaborative Care group to develop draft MOU between VCC and UC SHIP
7. Participated in online, VCC Open House sessions to vet ideas for customized campus implementation in 2021
8. Solicited input from AHC CEOs on the prospects of the use of collaborative billing operations for medication abortion and other services

**Goal: Strengthen the health policy function within UCH by more effectively leveraging the expertise across UC Health. This function includes legislative and regulatory activities and interfacing on policy issues that align with UC Health objectives and priorities. This should include UC Health experts, deans, health system leaders and stakeholders to refine and advance priorities and a proactive policy portfolio, across missions, by June 2021.**

**Opportunity:**

UC Health has tremendous expertise and engages actively on a complex set of issues. While the (academic) health sciences expertise has been stable and effective in some instances, the health system expertise has varied over time. Policy issues that impact the UC health systems have a broad reach that includes many issue areas, programs and activities. A focused unit within UCH will enhance effectiveness and enable greater continuity, accountability and institutional memory on the complex issues impacting UC health systems. There are policy overlaps between the Office of General Counsel, content experts and government affairs. These functions, standing alone, are often stretched thin. Issues with the greatest threat are typically resource intensive, leaving less time for advancing a proactive agenda. UCH leaders express frustration because we seem to engage late on issues, particularly on issues where we should lead. A focused, adequately staffed unit within UCH will strategize and coordinate with experts to prioritize issues and resources. To bridge this gap, UCH often relies on industry associations (e.g., CHA, CAPH). These relationships are important and help fill gaps, yet these associations also balance the interests of other organizations and cannot be relied upon to represent our interests on every issue or to function as the substitute for internal policy development. UCH should also be responsible for leveraging the expertise of the system and providing written analyses for UCH and other Office of the President divisions. Policy analyses and files provide a record that should be maintained for current and future use. Regarding legislative and regulatory affairs, UC has often relied on strong relationships at the state and federal level to prevent existential threats, yet elections bring changes that require UCH to be more purposeful and strategic about strengthening this function.

**Proposed Solution:**

Strengthen the UC Health policy function. (i) create an organized process for determining health policy priorities for UCH; (ii) engage content experts, UC leaders, associations and others in the development of these priorities; (iii) create and maintain a repository of information that can be a record and a resource for the division; (iv) coordinate with UC leadership (both within the Office of the President and across UCH), partner institutions, trade associations, subject matter experts and others to coordinate on policy priorities that are threats or opportunities; and (v) strategize and plan for long-term success.

**Benefits:**

1. Supports UC Health's leadership role in advancing strategic priorities at the state and federal level
2. Paves a path advancing the University's core missions
3. Offers greater leverage and likelihood of reaching successful outcomes

**Assumptions:**

1. Funding and headcount for additional staff is approved by health system leaders, UCH and UCOP
2. SGR, FGR, UCOP and health system leadership agree that health policy, legislative / regulatory strategy and policy analysis should be driven at the system level

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
<b>10</b>	<b>Engage proactively and strategically regarding health-related legislative and regulatory activity, and regularly inform the campuses of pending activity and engage them in development of policy positions via a focused policy function to be established within UC Health by June 2021</b>					
10a	Develop and obtain buy-in from internal stakeholders on a plan to establish a policy function, including its scope of activities, staffing, and needed resources by June 2021					
10b	Strengthen the policy dashboards developed in 2020 that track and record policy priorities, analyses, background and research on issues that have an impact on UCH by June 2021					
10c	In partnership with UC State Government Relations, campus stakeholders and leadership, identify key policy priorities and near-term goals for the remainder of the current legislative cycle by April 2021					
10d	In partnership with UC State Government Relations, campus stakeholders and leadership, develop a strategic plan relating to state policy and impact across UCH Departments by June 2021					
10e	In partnership with UC Federal Government Relations, campus stakeholders and leadership, develop a strategic plan for more robust engagement at the federal level by September 2021					
10f	Prepare a year-end summary for 2021 and recommendations for enhancing this function by December 2021					

**Metrics and Targets:**

1. The initial strategy will identify specific near and long term policy goals as noted above
2. The initial strategy includes creation of a policy and legislative database that will help provide a foundation for policy development in 2021. The goal is to have an accessible resource that contains and documents the record of UC positions and supporting rationale.

**Activity Update:**

1. The Director of State Health Policy (with the assistance of the policy analyst) has built a policy infrastructure that can serve multiple purposes. A database has been created and includes a record of 2020 activities and will be a resource for forecasting future policy.
2. The State Policy Director has a cross divisional policy workgroup that will be a resource for cross divisional communication on legislation, regulatory affairs and other policy-related activities. This group began meeting in February 2021 and will continue with weekly meetings through at least June 2021
3. Workgroups focusing on telehealth, affordability and cancer have been created
  - UCH is continuing to work with SGR to advance UCH funding priorities such as PRIME in the Regents and Governor’s Budget

**Goal: To inform and enhance strategic decision making and avoid conflicting and/or redundant efforts, UC Health will provide leadership and support for campuses to collectively prioritize and advance targeted systemwide and regional initiatives**

**Opportunity:**

While the goals in the UC Health strategic plan seek to foster systemwide collaboration, including integration between the clinical enterprise and health professional schools, there are many activities that do not fall under these goals. Our various efforts to achieve “systemness” are often not coordinated and integrated. Although UC Health has implemented several successful system-level initiatives, our work is often led by individuals working in silos, and decisions to undertake new projects and initiatives are sometimes ad hoc. Strategic decisions regarding large-scale contracting, affiliations, and other clinical and operational initiatives are often made at the campus level without consideration of the advantages that might ensue from a multi-campus approach. The opportunity and need to advance systemness has accelerated with COVID19. There is a need for more proactive systemwide strategic decision-making to promote ongoing coordination, integration and more effective use of limited resources.

**Proposed Solution:**

Establish a coordinated, resourced mechanism to examine the full UC Health landscape (including existing initiatives) to identify and evaluate new opportunities; spot and remedy inconsistencies and redundancies; and drive and facilitate coordination among the campuses to prioritize activities and take action. A devoted strategic planning function (including market analysis, business development and project management capabilities) will enable UC Health to support the health sciences campuses in aligning with each other, and in advancing mutually-agreed-upon regional and systemwide initiatives and transactions – and in particular to advance initiatives where a multi-campus approach is necessary or beneficial. Convening and coordinating with campus leadership, UC Health will seek to reach consensus on areas of future collaboration, and to support execution of agreed-upon projects and transactions, including opportunities to improve synergies between the clinical enterprise and health professional schools.

**Benefits:**

1. Systemwide decisions will take into account the needs of all constituencies and existing undertakings – leading to optimal partnerships and initiatives that will drive greater operational efficiencies and maximize value derived from our efforts and resources
2. Leverage size, expertise and reputation of multiple medical centers for clinical excellence, lower cost of care, improved patient access, and marketing power
3. Avoid duplicative and inconsistent efforts and competition among medical centers; obtain more favorable contract terms

**Assumptions:**

1. Buy-in from and engagement by medical center leadership for this effort
2. Cooperation by Chief Strategy Officers and other relevant campus-level leaders and stakeholders
3. Funding – for positions in UC health to carry out this function; funding for third-party facilitator for annual retreat
4. Head count – ability to hire 2-3 positions in UC Health

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
11	<b>To inform and enhance strategic decision making and avoid conflicting and/or redundant efforts, UC Health will provide leadership and support for campuses to collectively prioritize and advance targeted systemwide and regional initiatives</b>					
11a	Define UC Health as a system, including articulating and disseminating systemwide values and goals by the first quarter of 2020	<b>Complete</b>				
11b	Appoint leadership and continue to secure project management support to advance already-identified initiatives not included in strategic planning goals (e.g., Cancer Consortium, telehealth, payor strategy; expanding access to UC for underserved populations, building capacity to provide mental health services) by June 2022					
11c	In the first quarter of 2019, engage a skilled facilitator to lead a detailed conversation with campus leadership at a spring retreat to determine systemwide and regional priorities, including, e.g., for clinical integration; growth, partnerships and affiliations; improving payor mix; collaborating re innovation / disruptive technology and actors; addressing multi-campus research initiatives; and branding	<b>Complete</b>				
11d	Assemble a team with the necessary business and operational capabilities (including clinical market analyses, business development and project management capabilities) by June 2022					
11e	In the Summer of 2020, engage a skilled facilitator to build upon the discussion from the December 2019 retreat and to drive and support a systemwide strategic planning process to commence at the December 2020 leadership retreat	<b>Complete</b>				
11f	Convene regular discussions with stakeholders on campuses to revisit priorities and identify new ones; strategic plan to be revisited and updated annually; Respond to COVID19 with creation of UC-HCC and increase stakeholder meetings with campus leadership to target issues of surge capacity, PPE, testing, and vaccines					

**Metrics and Targets:**

1. Initial analysis / output from December 2019 used to inform / guide UC Health Division goals set by EVP for calendar year 2020
2. Strategic plan completed and being used to guide decisions, actions, and resource allocation by January 2020
3. Ongoing mechanisms put in place to identify, vet and prioritize future activities and investment by December 2021

**Activity Update:**

1. The focus of UC Health in 2020 was on the COVID response. UC Health has successfully leveraged system and campus resources to lead and coordinate, through the UC-HCC, a systemwide response including critical decision-making related to both health system and campus safety.

**Goal: Improve alignment of the future size and scope of UC health sciences programs with state workforce/emerging health needs by developing a new systemwide health professions enrollment plan and strategy by December 2021**

**Opportunity:**

California’s population is growing, aging, and increasing in diversity. Health workforce shortages currently exist statewide and are expected to grow substantially in the years ahead, impacting access to care and health outcomes statewide. The current COVID pandemic has also highlighted the critical need for an adequate health workforce. It has been a decade since UC developed a comprehensive systemwide health sciences enrollment plan. This prior plan provided the systemwide rationale that helped pave the way for three new health sciences schools at UC and that helped garner millions of dollars in philanthropic support. Since then, California demographics have changed, and state fiscal challenges have affected UC’s ability to increase enrollments as recommended a decade ago. It is time to re-assess UC priorities, better align them with future workforce needs (including capacity of our workforce to address current and emerging needs like mental health and substance abuse), and develop actionable recommendations and strategies for implementing enrollment increases in those professions where there is a rationale for growth.

**Proposed Solution:**

UC Health will convene the deans of UC’s health professional schools operating educational programs in seven major professions (dentistry, nursing, medicine, optometry, pharmacy, public health, veterinary medicine) to collaborate on this effort (that will require one additional FTE in 2019-20) that will include review of current and projected state workforce needs (including diversity) in these professions. Based upon findings, UC Health will work with UCOP colleagues involved in enrollment planning and health science deans to assess interest in growth (in alignment with UC-wide plans for enrollment management), and to determine whether growth can be accommodated within existing infrastructure. The desired outcome moves beyond a UC enrollment plan, to the development of a UC health sciences enrollment strategy by profession and campus (to 2030) that considers types of future health care teams needed, with growth contingent upon adequate resource support.

**Benefits:**

1. Identification of actionable steps/strategies for how enrollment growth in UC’s 20 health professional schools should occur
2. Convening of deans to collaborate across health professional schools and creation of opportunity for new and innovative programs
3. Increased clarity to philanthropic organizations regarding contribution opportunities within UC

**Assumptions:**

1. All UC leadership will be engaged and available (time, information, and expertise)
2. Current and adequate workforce data (UC/state/national) is available for each of the seven health professions
3. Sufficient staffing and funding exists to support this planning effort (including additional staff FTE for 14 months)
4. Resources will be provided to fully implement strategies to achieve enrollment growth as outlined in plans
5. Work on this goal is linked to the success of the UC Health goal regarding diversity and inclusion, so that new enrollment growth better reflects the diversity needs of the state
6. Growth proposed in the health sciences is aligned with UC-wide plans for enrollment management (i.e., growth may not be possible if a campus is already at its maximum enrollment allowed. Additional growth would require adjustment of other student populations).

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
12	<b>Improve alignment of the future size and scope of UC health sciences programs with state workforce /emerging health needs by developing a new systemwide health professions enrollment plan and strategy by December 2021</b>					
12a	By February 2018, compile baseline (2016-17) and current (2017-18) student enrollment data for each school, by type of health professional degree	<b>Completed</b>				
12b	Secure approval/funding to hire 1 contract FTE by March 2019 (estimated need is at least 14 months)	<b>Completed</b>				
12c	Align this effort with work of the CA Future Health Workforce Commission, co-chaired by UC President Napolitano, by March 2019	<b>Completed</b>				
12d	Review/document current state/national health sciences educational supply, and projected areas of workforce need by 2030 for the seven major health professions where UC operates health sciences schools by August 2020	<b>Completed</b>				
12e	Consult with UC health sciences deans to determine which existing schools have the interest and capacity for growth. We will begin with medical student enrollment by April 2021, then include other health professions by September 2021.					
12f	Prepare draft recommendations of actionable strategies regarding proposed enrollment increases to UC health sciences deans (including coordination with OP budget as needed) by October 2021					
12g	Facilitate ongoing discussions with OP and campus leaders and finalize plan/strategy by December 2021					

**Metrics and Targets:**

1. UC health professional schools utilize strategies identified in new systemwide enrollment plan to inform enrollment decisions by Fall 2022
2. Evidence of increased UC enrollments in identified areas of state health workforce needs (over UC baseline 2016-17 levels) by Fall 2023

**Activity Update:**

1. Finalized issue briefs on the current state/national educational supply and future workforce needs in the seven major health professions where UC operates health sciences schools (medicine, nursing, pharmacy, veterinary medicine, dentistry, public health and optometry)
2. Discussed workforce issue briefs with 20 UC health sciences deans
3. Revised documents to comply with UC requirements for web-accessibility; Issue briefs posted online
4. Recommendations for state funding for PRIME enrollment growth were included in the Regents budget for 2021-22, and included in the Governor’s budget released in January 2021.
5. Roadblocks:
  - Scope of work itself and the iterative review process with Healthforce Center at UCSF on seven separate documents required more time and effort than initially planned
  - UC Health leadership and staff shifted focus to respond to the impacts of COVID-19 on UC health science academic programs, which reduced the time and bandwidth of OP and campus leadership to focus on this goal

**Goal: Lead systemwide improvements at all campuses for broader access to UC physical and behavioral health providers using all modalities available, including telemedicine, by December 2022**

**Opportunity:**

Only six of the ten UC campuses have UC providers associated with them and even on those campuses, there are employees who have trouble getting timely appointments with providers that are close to where they live or work. At the non-medical center campuses, there are issues with community provided access to medical professionals and facilities; in particular, most parts of California do not have enough behavioral health providers. UC Health can work as a system to improve access in all of these communities (and beyond) with creative and innovative approaches. We should be able to leverage existing assets on the campuses, including the student health centers. It can also provide a teaching and research opportunity and serve the mission.

**Proposed Solution:**

Convene representatives from all the campuses to discuss what the specific issues are by geography and how the system can work together to best solve these problems collectively. Support development of telehealth. Apply other modalities and leverage technology to expand UC reach for health services. Look to expand hours of operations and improve efficiencies to better utilize existing infrastructure. Create preferred network of ancillary providers and community based services that can be connected to the UC EMR for seamless member/patient experience. Pilot a new health facility to serve faculty, students and staff by 2022 at one campus—likely to be Merced. Possibly open the clinic to the surrounding community to help provide access. Learn from this first experience to expand UC health services to all campuses. Support UCLA's effort to open clinics in Santa Barbara

**Benefits:**

1. All UC employees provided the benefit of UC quality provided health services
2. Member/patient satisfaction improved through lower wait times and closer proximity
3. Supports UC Health mission to improve the health of all Californians by improving access to all types of providers by serving our campuses and surrounding communities
4. Improves the recruitment and retention of faculty and staff
5. Provides stability in health care services to campus community

**Assumptions:**

1. Agreement across UC Health enterprises to support this goal
2. Funding will be available and recouped over time through revenues generated by providing services
3. Providers can be recruited to work in under-served areas

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
13	<b>Lead systemwide improvements at all campuses for broader access to physical and behavioral health using all modalities available, including telemedicine.</b>					
13a	Partner with UCSF, UCSF-Fresno, UC Davis, UC Merced and UC Health (UCOP) to create a clinical solution for expanding access to health care services by leveraging existing community providers by December 2021					
13b	Create a new UC health service resource/facility serving UC Merced faculty, students and staff by December 2022					
13c	Continue work to create clinics at UC Santa Barbara with UCLA Health by December 2022					
13d	Begin work to create clinics at UC Santa Cruz by December 2022					
13e	Develop business plans and build a funding mechanism to support establishment of start-up clinics by December 2022					

**Metrics and Targets:**

1. Clinic open in Merced by December 2022
2. Business plan and funding model for UCSB clinic by December 2022
3. Business plan and funding model for UCSC clinic by December 2023

**Activity Update:**

1. Workgroup established to deliver solution to UC Merced campus to expand access with representatives from UCM, UCD, UCSF, UCSF-Fresno and UCOP. Market evaluation and employee survey completed. Establishment of a clinic has been ruled out—instead focusing on leveraging existing physicians to expand hours and provide additional coverage
2. UCLA has established two locations in Santa Barbara. Working with Health Net to include them in Blue & Gold network.
3. Canopy expansion into Santa Cruz, contracted with Blue & Gold extends the footprint and provides additional access to UC affiliated health care.
4. Supporting development of virtual health for students and ultimately all UC patients. Huge increase in televisits prompted by COVID.
5. Supporting second opinion service development with UC providers

The logo for the University of California, featuring the words "UNIVERSITY OF CALIFORNIA" stacked vertically in a dark blue, sans-serif font. The text is set against a background of overlapping, semi-transparent blue and green geometric shapes that create a sense of depth and movement. The shapes are layered, with some appearing in front of others, and they vary in opacity and color, ranging from light blue to a vibrant yellow-green.

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