Approved

HEALTH SERVICES COMMITTEE
December 15, 2020

ENDORSEMENT OF RECOMMENDATIONS OF THE UC HEALTH WORKING GROUP ON CLINICAL QUALITY, POPULATION HEALTH, AND RISK MANAGEMENT

The President of the University recommends that the Health Services Committee endorse the recommendations of the UC Health Working Group on Clinical Quality, Population Health, and Risk Management for implementation by University of California Health, as shown in Attachment 1.

Committee vote: Regents Drake, Lansing, Makarechian, Pérez, Sherman, and Zettel voting "aye."

University of California Health (UCH) Working Group on Quality, Population Health, and Risk Management:

Recommendations for the UC Health Services Committee

Last Revised: November 30, 2020

Introduction

The University of California Health (UCH) is committed to a Learning Health System that embraces a value-based care model for performance improvement (i.e., Value = Quality + Access ÷ Cost) and the development, implementation, and dissemination of evidence-based knowledge. UCH also recognizes the importance of and continuously pursues high reliability (zero harm). By identifying and reviewing *systemwide* metrics and best practices over the entire continuum of care and by comparing these to external benchmarks, UCH's steady aim is to move toward consistent care processes and outcomes; particularly for high volume, high variability care, and the major care delivery drivers of total cost of care.

Goals

The goals of these recommendations are: a) to drive systemwide improvement work that lifts the performance of all UC academic health centers and b) to provide the Health Services Committee (HSC) with prioritized and timely information to support its oversight function for clinical quality and safety across UCH.

Recommendations

1. **UCH should establish a systemwide quality framework** whereby initiatives, measurements and incentives are aligned with the Institute of Medicine's six quality domains: safe, effective, timely, patient-centered, efficient and equitable care.

2. **UCH should establish a Clinical Quality Committee (CQC)** to coordinate and oversee the quality performance of the UC academic health centers and report to the HSC at each of its regular meetings. Responsibilities of the CQC are proposed to include:

    a) Working in partnership with administrative and clinical leaders and individual health system governing bodies to establish and recommended UCH priorities and quality and safety metrics for each year including reviewing

each health center's inpatient and ambulatory quality and safety improvement plans;

b) Reviewing of UCH standardized quality and safety metrics at every HSC meeting, with trends and comparison to institutional and external benchmarks;

c) Reviewing of serious adverse events (by State definition) no less than twice annually;

d) Recommending to the HSC and Compliance and Audit Committee standards and expectations for corrective and preventive action plans, including oversight and progress reports
    - UC Office of the President Risk Services and the Chief Risk Officers should continue to share and disseminate lessons learned and best practices, often reflected in corrective and preventive action plans, across the health systems;

e) Coordinating with the Finance committee to review various items of shared interest.

3. **Management of the UCH quality framework and the CQC**

a) The Executive Vice President (EVP) of UCH should be strategically accountable for the quality framework.

b) The EVP should direct the Chief Clinical Officer (CCO) to coordinate the CQC and oversee a value-based care performance improvement model across various UCH task forces and teams.

c) The CCO should work collaboratively with administrative and clinical leaders across the system. Existing systemwide leadership teams should be leveraged and engaged, including but not limited to: the individual health system governing bodies, the Vice Chancellors and Chief Executive Officers, Chief Medical and Nursing Officers, Population Health Steering Committee, Chief Risk Officers, and Chief Financial Officers.

4. Membership of the CQC

a) UCH Chief Clinical Officer (chair) and representatives from each of the following systemwide health leadership groups: Chief Medical Officers, Chief Nursing Officers, Chief Operating Officers, Chief Risk Officers, Chief Quality Officers, UC legal counsel, Chief Information Officer, Patient Representative, and others as may be recommended by the Executive Vice President of UC Health or the CCO.

5. **Establishment of a UCH set of measures**

   a) The CQC should recommend a UCH standardized set of metrics aligned with the quality framework and tied to UCH short- and long-term priorities.

   b) The CQC should seek input on the UCH metrics from the clinical and administrative leadership groups mentioned above and should recommend measurements and benchmarks to senior management and the HSC.

6. Establishment of outcomes tracking and reporting

   a) The CQC should advise on internal and external dashboards and short and long-term UCH quality and safety objectives to be reviewed by the HSC and escalated to the full Board of Regents as deemed necessary by the HSC.

   b) The UC Health Data Warehouse (UCHDW), functionally owned by the UCH Center for Data Driven Insights & Innovation (CDI2), should be used to expand upon and complement existing internal dashboards.

   c) Specific clinical measures should be chosen in the context of the following overarching principles

      i. Measures will be tied to the UHC systemwide quality framework such as: patient, family, and employee experience, population health, access (geographic, care, price/affordability), health equity, quality, safety, risk management.

      ii. Healthcare disparities are recognized as a major public health concern and addressing them should be a primary strategic priority for UCH; related metrics should be reflected in our clinical measures and include health and health care equity in both *patient and workforce* outcomes.

      iii. The Vizient University Healthcare Consortium (Vizient) is currently UCH's main academic health system collaborative for measurement, benchmarking, and performance improvement opportunities.

   d) One example systemwide effort that reflects these principles is the UC Health FY 2021 Systemwide Clinical Objective and the accompanying UCH Executive Quality Dashboard that utilizes Vizient to report on the quality and safety measures and the quarterly Vizient ranking for UC Health in the aggregate and each UC health center (see appendix).

APPENDIX

The FY 2021 UC Health Systemwide Collaborative Clinical Improvement Objective

The purpose of the UC Health enterprise clinical objective is to develop sustainable, system-wide initiatives resulting in significantly improved clinical quality outcomes. The success of this initiative is important for UC Health to deliver efficient, high-value, and consistent clinical care throughout the entire enterprise. To support this system-wide approach, **the Clinical Improvement Objective for FY21 will be composed of five measures that span each of the six quality domain of the Institute of Medicine: risk adjusted mortality, 30-day all cause readmissions, CABSI SIR, HCAHPS Overall Rating, LOS Index, and Equity Points received.** The UCH Executive Summary of the Quality Dashboard will include these measures and, when available, the quarterly Vizient rankings.

UCH Executive Summary Dashboard: Inpatient (Q2 2020)

Domain	Mortality	Effectiveness	Safety	Patient Centeredness	Efficiency	Equity	Rank
Institution	**Inpatient Mortality**	**% 30 day Readmissions**	**CLABSI SIR**	**HCAHPS: Overall Rating**	**LOS Index**	**Equity Rank*, % Points Received**	**Vizient Rank***
UCD	0.74	13.77%	0.70	73.5%	0.98	1 / 98, 100%	57 / 98
UCI	0.37	12.04%	0.20	79.1%	0.76	1 / 98, 100%	10 / 98
UCLA - RR	0.52	11.25%	1.27	83.9%	1.02	32 / 98, 96.7%	13 / 98
UCLA - SM	0.59	12.17%	2.03	78.6%	0.96	39 / 92, 96.2%	36 / 92
UCSD	0.56	13.38%	0.75	81.9%	0.93	1 / 98, 100%	9 / 98
UCSFa	0.71	11.82%	1.35	81.8%	1.13	NR	65 / 98
UC Health	**0.59**	**12.52%**	**0.93**	**79.6%**	**0.97**	**NA**	**NA**

Median Nat'l Comparator Group	0.83	12.32%	1	72.6%	0.97	1	25