

The Regents of the University of California

**COMMITTEE ON HEALTH SERVICES**

January 18, 2001

The Committee on Health Services met on the above date at UCSF–Laurel Heights, San Francisco.

Members present: Regents Atkinson, Davies, O. Johnson, S. Johnson, Khachigian, Kohn, Kozberg, Lansing, Lee, and Preuss; Advisory member Seymour

In attendance: Regents Bagley, Connerly, Fong, Hopkinson, Marcus, and Miura, Regents-designate T. Davis and Morrison, Faculty Representatives Cowan and Viswanathan, Secretary Trivette, General Counsel Holst, Provost King, Senior Vice Presidents Darling and Mullinix, Vice Presidents Broome, Drake, Gurtner, Hershman, and Saragoza, Chancellors Berdahl, Bishop, Carnesale, Cicerone, Dynes, Orbach, Tomlinson-Keasey, Vanderhoef, and Yang, Laboratory Director Browne, and Recording Secretary Bryan

The meeting convened at 9:40 a.m. with Committee Chair Kohn presiding.

**1. APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meeting of November 15, 2000 were approved.

**2. QUARTERLY UPDATE ON THE ACTIVITIES OF THE CLINICAL POLICY REVIEW TEAM**

It was recalled that the Clinical Policy Review Team continues to work with each of the five health sciences campuses to improve medical staff self-governance, quality, and performance improvement programs, clinical risk reduction, professional liability activities, and human subjects research. Initial reports to each medical center in these areas are now one to three years old. Past activities such as contract analysis and willed body program review are substantially complete, but monitoring of performance will continue. The team's current focus is on the impact of previous recommendations and extends into areas related to the original topics. Improvement in patient care and clinical liability loss reduction continue to be central themes. New initiatives explore risk reduction through detailed data analysis, targeted recommendations, across-medical center sharing of problem identification, and effective interventions.

The medical directors from each of the five medical centers have been meeting regularly for several years to address their unique and shared issues. Collaboration between the health science campuses and the Office of the President is at a high level.

Last spring, as a response to national attention to medical errors and patient safety concerns, the medical directors initiated two committees to address professional liability and information sharing and to begin collaborative efforts to address patient safety. These committees meet monthly and include members representing the areas of quality, risk management, and Office of the General Counsel. Software programs and other activities have been developed at the Irvine and Los Angeles medical centers to improve problem identification or aspects of risk reduction. Best practices are being identified and shared. The medical directors, with the support of the Office of the President, have begun to seek grants on a systemwide basis to support innovative programs and research initiatives.

Expanded analysis and review of human subject research is under way. Federal attention to the protection of research subjects as well as the recognition of potential issues in other regulatory and program areas have led to accelerated interaction with the medical schools and hospitals in developing mechanisms to assess compliance with federal, State, and University policies and establish proactive programs to diminish the risk of compliance failure. The complexity of the regulatory environment and the volume of research programs present a significant challenge requiring Office of the President and campus leadership.

Initiatives have begun in the areas of investigator education, cost allocation, third-party billing, monitoring of protocol implementation, and management structures. UC Irvine has developed program advances in these areas that are being evaluated for implementation by other campuses. Systemwide, over 12,000 new or renewed human subject protocols, mainly clinical trials, are reviewed each year. This volume alone presents major challenges for management oversight.

During the four years of working closely with leadership at the five health sciences campuses, the team has demonstrated the added value of systemwide, integrated review and support for the campuses and has encouraged higher clinical standards, offered support, and fostered new and effective intra-system collaborations.

Dr. Joseph Tupin, Chair of the Clinical Policy Review Team, discussed the progress in reducing malpractice exposure and a new initiative regarding human subjects research. He recalled that the team continues to review policies and contracts that affect the University's exposure to risk. This interest has grown out of a review of malpractice cases that identified difficulty with some of the University's affiliation agreements for training purposes. The team has worked with the campuses to develop more careful review practices and a better determination of responsibilities where trainees are being sent to community hospitals, for example. Through monitoring these affiliation arrangements, it is hoped to reduce risk and malpractice that arise from such training efforts.

Dr. Tupin reported that he meets regularly with each hospital CEO to help them examine their internal processes for risk reduction and malpractice control. The team also examines malpractice cases for trends or problems that need correction and works with the campuses on generic issues that make the University vulnerable to malpractice suits. The team assesses cases collaboratively with the Office of the President risk management group and the General Counsel. The team also has a best practices program to identify a particular activity at one medical center that seems to be working well, and it has developed a mechanism for sharing those practices among the medical centers.

Dr. Tupin reported that the team has reviewed each campus thoroughly in order to analyze the processes that support human subjects. Working with the external auditor and campus compliance program staff, the team has identified elements in those activities that put the University at risk. It has concentrated on four areas, the first of which is cost allocation. A mechanism has been set up to review the allocations of costs to grants or contracts and to third party payors to make sure that the costs are being allocated correctly. Second, the team is working with the campuses to develop a more organized oversight system for management and control of the various aspects of human subjects research so that there is a central point of accountability and oversight for human subjects programs. Third, the team is working to make sure there is a continuing education program for faculty and investigators to keep them apprised of changes in federal guidelines and regulations that affect human subjects activity. Last, the team is beginning to set up a monitoring system on each campus to assure that the principal investigators and their staff follow those federal guidelines and University policies in the implementation of the protocols.

Committee Chair Kohn noted that the concept of best practices is well founded. He observed that the medical directors, campus risk managers, and quality improvement staff were involved in assessing and responding to areas of risk, but he wondered whether clinical faculty were involved also. Dr. Tupin recalled that the team has encouraged clinical faculty to become involved in identifying ways in which risks can be managed and best practices applied at the campus level. General Counsel Holst added that his office participates also in meetings of medical staff risk management committees and discusses the actual litigation experience with the clinical staff and members of the faculty.

Regent S. Johnson asked how the team is addressing looming philosophical questions in the field of bioethics. Dr. Tupin reported that each hospital has an ethics committee as part of the medical staff structure. These committees were formed originally, most at least 15 years ago, to deal with difficult clinical decision-making processes such as end-of-life and organ donation issues. Also, he believed that each campus has an in-house ethicist with an academic appointment. The team is aware of important ethical dimensions in human subjects research that have played out most often in past years around informed consent, which is monitored by the Institutional Review Board on each campus that was formed and operates under federal guidelines. Each protocol is reviewed with ethics in mind, with a focus on informed consent, and recruitment and

risk benefit issues for human subjects participating in the University's protocols. He noted that issues concerning, for instance, the human genome are being discussed in forums throughout the University.

Regent S. Johnson commented that some malpractice cases are the result of residents' failing to seek guidance at the appropriate time. She asked whether there were guidelines to determine when senior faculty should be consulted about patient care. Dr. Tupin responded that the team has developed a prototype policy with medical staff and the General Counsel to identify the responsibilities and roles of faculty and residents. He noted that it is necessary to have an integrated team to carry out patient care under the mandate of meeting or exceeding a community standard of care. He believed that open communication and regular involvement between the two parties must be maintained in order to resolve the issue, which underlies some of the University's malpractice problems.

Regent Khachigian recalled that there had been problems with the willed body program at the UC Irvine Medical Center. Dr. Tupin explained that each medical school has a system of accepting donated bodies for educational and research purposes. During the past year, a set of prototype policies was developed, guided by best practices considerations, and was shared with the campuses. Dr. Tupin reported that he had developed a list of specific elements for those policies encouraging the development of a policy or practice around each element, and he indicated that he would continue to check the progress being made in carrying out this task. He believed that standardization across the system will ensure greater control over willed body programs.

3. **NATIONAL CENTERS FOR EXCELLENCE IN WOMEN'S HEALTH:  
PARTNERING WITH THE COMMUNITY TO IMPROVE THE HEALTH OF  
WOMEN ACROSS THEIR LIFE SPAN**

The Committee was informed that the National Centers of Excellence on Women's Health provide an example of the University's mission in action and demonstrate the role that the academic medical centers play in joining with their communities to improve health. Dr. Nancy Milliken, Director of the UCSF National Center of Excellence, and Dr. Janet Pregler, Director of the UCLA National Center of Excellence, are faculty at their respective institutions. They teach, do research, care for patients, and provide service to their communities.

Drs. Milliken and Pregler informed the Committee that, in the 1990s, policy makers, health care professionals, and women throughout the nation recognized alarming deficiencies in women's health care, including the following:

- inadequate attention to sex and gender differences in health and disease;
- inappropriate use of advanced diagnostic and treatment approaches;

- failure to include women in research studies;
- lack of public and professional education on women's health issues; and
- too few women in senior medical and scientific positions.

An analysis of federal research funding revealed that there was little knowledge of the biological differences between men and women other than those related to reproduction. Approximately 66 percent of all research for the last 40-plus years was done only on men, resulting in research findings that failed to address biological differences that could result in less than optimal, and in some case, harmful, results for treatment regimes or drug protocols. The lack of data specific to women was so alarming that in 1993 the National Institutes of Health (NIH) mandated that research include women in numbers sufficient to analyze the results by gender. The Federal Drug Administration (FDA) soon followed the NIH's lead and required the inclusion of women in clinical trials.

Deficiencies in the provision of care were also documented in the 1990s. Several studies were published demonstrating examples of less aggressive therapeutic decisions being made for women compared to men with the same disease or condition. Women's clinical care was organized around their reproductive health needs despite the fact that women now live half of their lives after menopause. The patchwork nature of clinical care for women, typically spread across obstetrics and gynecology and other health specialties, had resulted in a system that inadequately addressed health promotion and disease prevention and treatment for women across the life span.

Women are both the primary users of health care and the primary care givers. Although women make up just over 50 percent of the population, they constitute over 66 percent of the buyers and users of health care. As the primary decision makers regarding health care, women are in a position to take a leadership role in shifting the research, education, and clinical care paradigms.

The University of California's academic health centers are uniquely positioned to provide leadership in the advancement of women's health care. In 1996 and 1997, the federal Department of Health and Human Services/Office on Women's Health awarded UCSF and UCLA the prestigious designation of National Centers of Excellence in Women's Health (COEs). Currently, only 15 academic medical centers nationwide hold this designation. Selection is through a highly competitive process that recognizes those academic health centers around the country that have demonstrated a strong record in women's health research; training of health professionals committed to women's health issues; models of healthcare delivery that recognize the needs of women throughout the spectrum of life, from birth through adolescence and the childbearing years to the postmenopausal phase; and a commitment to partnering with the community through community involvement and service.

The COEs are noted for their emphasis on a multidisciplinary approach to research and clinical care and the expedited translation of research into the delivery of care and the education of healthcare professionals. The following are overall objectives of the many initiatives the UCSF and the UCLA COEs support:

- study the effects of both preventive strategies and disease treatments on women and engage in long-term women's health clinical research;
- ensure the recruitment of diverse populations of women into clinical trials to truly represent the demographics of California;
- promote the necessary sites and infrastructure to facilitate the development of gender-specific clinical programs that meet the prevention and treatment needs of women throughout their life span;
- provide the opportunity to translate research findings into innovative clinical programs;
- provide the opportunity to research unique and multidisciplinary approaches to the delivery of women's health care;
- develop the multidisciplinary training opportunities in evidence-based women's health care for students, residents, and fellows in the professional schools;
- fill the pipeline to professional schools by working with college and high school students to increase their interest in and exposure to careers in women's health; and
- build sustainable relationships with diverse community organizations so that their voices are reflected in all the University's programs and the expertise found within the COEs can contribute to their success.

To accomplish their objectives, the University's COEs have developed a broad range of programs and achieved success in a number of areas that bridge a women's life span.

#### *Community Partnerships*

In May 1999, the UCSF COE convened the Older Women's Health and Wellness Summit, which addressed not only the chronic diseases of women over age fifty but also the important issues of healthcare access, the burdens of care giving, and the concept of optimal aging. The more than 200 participants in the summit included the academic community, who shared the findings of their scholarship; the service community, who shared their experiences in meeting the actual demands of clients, their families, and their communities; the advocacy community, who challenged the University and other participants to develop an action-oriented agenda; the policy community, who explained

how policy is made and its impact on health care; and the media, who exert influence over the way society views aging.

The diverse constituents leading the forum, coupled with the thought-provoking views of the participants, challenged the traditional disease-based paradigm of aging women and shifted the focus to the complex interaction of medical, social, and economic issues which affect women's wellness as they age.

The UCLA COE co-sponsors a yearly course in geriatric medicine that provides a comprehensive review for physicians, physician assistants, nurse practitioners, and pharmacists. This course provides training for healthcare professionals from around the state.

The UCSF COE recently cosponsored with Senator Jackie Speier and the San Francisco Unified School district the first annual Young Women's Health Conference. More than 1,000 young San Francisco women attended the conference, which examined young women's health issues and how to make good life decisions. Dr. Yvonne Cagle, a National Aeronautics and Space Administration astronaut, legal investigator Ms. Erin Brockovich, and Ms. Kathy Rodgers, president of the National Organization of Women Legal and Education Fund, were among the keynote speakers.

#### *Clinical Innovations in the Provision of Care to Women Throughout Their Lifetime*

The COEs have responded to the need for new clinical systems of care to meet the unique needs of women by organizing clinical care services with the goal of providing comprehensive health care to women throughout their life spans. The historical trend in medicine of sub-specialization has fragmented women's care by organ system. To shift the focus to an emphasis on the total woman and the interrelationship of the organ systems, the UCSF Women's Health Initiative and the UCLA National Center of Excellence in Women's Health Leadership Group, under the leadership of the COEs, have designed clinical care to view the woman holistically. Instead of replicating the national turf battle over whether women's health belongs to obstetricians and gynecologists or internists, the COEs have brought the two specialties together to work collaboratively to provide primary care and, in addition, have created a network of specialty services to support the more complex needs of women. These multidisciplinary practices share a common philosophy of providing cutting-edge care in a model of shared decision making with patients.

The UCSF Continence Center is representative of these practices. The goal of the UCSF Continence Center is to dispel social stigmas associated with incontinence and increase knowledge and understanding. Incontinence is a common, chronic, and costly condition that disproportionately affects women. Twenty-five percent of reproductive-age women and over 40 percent of postmenopausal women will suffer from incontinence. The Continence Center faculty are identifying the risk factors of incontinence, testing pharmaceutical treatments for incontinence, and pioneering biofeedback and other behavioral modification strategies to improve continence without surgery. This

information is being disseminated through continuing medical education courses sponsored by the COE to clinicians in the community and to women directly through patient education seminars.

The Iris Cantor-UCLA Women's Health Center is another example of comprehensive, collaborative practice in women's health. The center provides comprehensive primary care as well as multidisciplinary consultation on issues such as incontinence, osteoporosis, and menopausal concerns. Participating faculty include general internists, geriatricians, and obstetrician-gynecologists. Medical students, residents, fellows, and faculty in the UCLA Primary Care Network also train and participate in clinical conferences at the center.

*Commitment to Providing Educational and Resource Services for Healthcare Professionals, Patients, and the Community*

The Iris Cantor-UCLA Women's Health Center also maintains an Education and Resource Center that coordinates educational services across UCLA Healthcare. For example, many breast cancer patients were unaware of educational and psycho-social resources available at UCLA and within the greater Los Angeles community. The Education and Resource Center coordinated with social workers, surgical and medical oncologists, and primary care physicians to design information packets that could be given to all newly diagnosed breast cancer patients.

The UCSF Women's Health Resource Center (Resource Center) was created to encourage women to make informed decisions about their health and to provide tools for women to become active partners in their care. The Resource Center provides a wide range of services for women across the life span that educate, empower, and connect women to resources that will facilitate greater knowledge, comfort, and involvement in their health and well being.

*Research Innovations and Initiatives to Stimulate Research and Encourage Collaborations*

A goal of the UCSF and UCLA COEs' research units is to stimulate new research in women's health and to encourage the development of collaborations to promote multidisciplinary and trans-departmental research efforts. The research faculty strive to translate the latest research findings into innovative clinical care models and introduce them into the curricula of the professional schools at their respective universities. The COEs maintain a strong commitment to developing strategies for the recruitment of diverse women into research studies that can be implemented through the formation of partnerships with the community.

Two of the eleven nationally competitive grants awarded by National Institutes of Health were to the University's COEs, bringing \$5 million to the UC system for multidisciplinary women's health research training. Last year, both UCSF and UCLA



were awarded faculty development grants entitled “Building Interdisciplinary Research Careers in Women’s Health.”

UCSF and the Kaiser Division of Research are collaborating to develop a Women's Health Interdisciplinary Scholarship Program for Research (WHISPR). The overall goal of the UCSF-Kaiser WHISPR is to increase the number and quality of physicians and other health scientists who become effective independent clinical investigators in areas of chronic diseases of women in order to increase both the amount and quality of multidisciplinary research conducted on women’s health and the number of women with successful research careers in women’s health.

Seeking to highlight research in Los Angeles County, the Office of Women’s Health, established in 1998, partnered with the UCLA COE to plan and produce a citywide conference on women’s health research. This conference brought together over 400 representatives of grass roots organizations, leading university researchers from around Los Angeles, and members of the Los Angeles County Board of Supervisors. The UCLA COE subsequently was named to the Women’s Health Policy Council, advisory to the Los Angeles County Office of Women’s Health, and participated in the planning and execution of the Los Angeles County Cervical Cancer Initiative, a nationally recognized program which increased cervical cancer screening in Los Angeles County.

*Preparing the Women’s Healthcare Workforce of the Future: Increasing the Pipeline*

Since its inception in October 1996, the UCSF COE Internship Program has matched over 150 interns (high school, college, and postgraduate students) with a mentor to work on a research project. During the past three years, COE interns, many from diverse ethnic backgrounds who may not have considered a career in health care without this program, have pursued education at medical schools or schools of public health. Others have found jobs at the University on research projects or in patient education.

*Achieving the Potential: Short-Term Funding and Long-Term Vision*

In California’s current economic environment, one of the greatest challenges is retaining clinician educators who choose to work in an academic health center and contribute to the development of unique care models for women and to educate trainees. These clinician educators have chosen the intangible rewards of the academic environment over the higher incomes and single focus of private practice. However, the growing economic pressure to increase the faculty’s clinical time in order to survive in the highly competitive managed-care market subsequently limits the ability of these clinical educators and researchers to participate in the very activities which originally attracted them to the academic environment. Another challenge to academic programs such as those at the COEs is that difficult economic times often force an academic health center to adopt a survival strategy in which support is withdrawn from programs such as women’s health, which are not significant generators of clinical income, to invest in the more profitable cost centers necessary to keep the institution alive.

Funding to the COE from the Department of Health and Human Services has provided essential seed money to initiate new projects and augment existing interdisciplinary programs. The challenge is to obtain sustainable funding in order to build long-term credibility in the community and achieve significant advances in health outcomes.

*Women's Health Improvement Initiative (WIN)*

The University's COEs are seeking to establish partnerships with the State, the University, private foundations, and the communities they serve through the Women's Health Improvement Initiative (WIN) to promote new paradigms to prevent disease and promote lifelong health. Specifically, through the tripartite mission of the University's academic medical centers, WIN seeks to achieve the following objectives:

- facilitate the formation of collaborative multidisciplinary teams to translate new research into improved systems of evidenced-based, spectrum-of-life care;
- develop resources and methodologies for recruitment and training of students and residents representative of the populations served;
- nurture a respectful relationship with community groups that can give voice to diverse population needs and preferences; and
- fund strategies that include public and private investments in order to build sustainable capital and human resources.

To achieve the WIN objectives, the University's COEs have developed a three-prong funding strategy that includes an Innovation and Sustainability Fund, Clinical Research and Trials Investment Fund, and Women's Health Internship Fund. The COE Innovation and Sustainability Fund would strengthen and replicate the national model at the state level and support the development and implementation of programs that integrate clinical care, research, education, training, and working with communities. The Clinical Research and Trials Investment Fund would provide organizational and financial support to medical students, residents, and fellows to pursue multidisciplinary research in the area of women's health; expand outreach to both potential patients and researchers by providing innovative educational and information programs in local communities; increase the number of women who participate in clinical research and trials by creating a woman-friendly site for recruitment and research; and translate these research findings into innovative clinical programs and more effective treatments and interventions for women. The Women's Health Internship Program Fund would create an access point into the field of women's health for both women and men interested in pursuing a career in health care, research, education, or administration; establish or expand the COE Women's Health Internship Program to increase the number of young women and men who enter the field of women's health; and develop a core group of talented leaders in the field of women's health.

*Conclusion*

The efforts of Centers of Excellence faculty and staff provide significant value to the citizens of California and enhance the University of California's mission and commitment to research, community, education, and clinical care. There should be significant evidence of the reduction of health costs to the State and individuals by improving the delivery model that incorporates preventative care, increases early detection, and provides appropriate care to address community needs. Centers such as the University's COEs are catalysts for change and are essential to enabling a paradigm shift in the way that policy makers, clinicians, academicians, women of all ages, and communities view women's health issues throughout the life span. Ultimately, health outcomes will be improved for all Californians.

Dr. Milliken reported that at UCSF the various areas of research that are being brought together in the women's health clinical research center will be housed at the Mount Zion campus. Multidisciplinary teams will work together to investigate important health issues from basic scientific research to clinical research to community education. The center's recently received NIH funding will help develop young researchers wanting to pursue a research career in women's health.

Dr. Pregler reported that a restructuring of the medical school curriculum at UCLA will make the pre-clinical years relevant to the 21st century. She believed that it would have been very difficult to make the necessary changes in emphasis without the integrated Center of Excellence program, which has made it possible to bring together people from a wide variety of places within and beyond the medical school to analyze how best to teach medical students about women's health. The COE also provides mentoring for women in medical school or residency, and it has an active internship program to give young men and women an opportunity to work on a research project at the center or in community initiatives.

Dr. Pregler then introduced Ms. Rachel Blackburn, Executive Director of the Iris and B. Gerald Cantor Foundation. Ms. Blackburn reported that the Cantor Foundation board of directors has an interest in improving women's health care and treating women in a comprehensive manner. In part because UCLA has demonstrated a commitment to a comprehensive approach to women's health, the foundation created the Iris Cantor UCLA Health Center. The success of the education resource center within the women's health center has been a leading reason for the continuing support. The Cantor Foundation believes that comprehensive health care, which includes education, reflects the broad needs of the community as it empowers women to understand themselves in a greater way, and can bring better understanding and peace of mind to women undergoing medical treatment. Another reason for the foundation's commitment to UCLA is that it seeks to support public-private partnerships that encourage healthcare and research of the highest caliber.

Dr. Milliken recalled that the UCSF COE conference held in collaboration with State Senator Jackie Spier and the San Francisco Unified School District reached over 1,000 girls. The conference was entitled, "Healthy Hearts, Healthy Lives, Young Women on the Rise." She introduced Ms. Bailey de Castro, a senior at Lowell High School in San

Francisco, who was a member of the youth steering committee for the conference. Ms. de Castro stated that it is important to establish that health starts with a healthy self image. She reported that, in the general session of the conference, the attendees heard from a panel of successful women including a woman astronaut, the San Francisco Poet Laureate, a State Senator, and an entertainment executive. Many of the attendees shared their stories of perseverance. She was impressed with the ease with which the young women asked frank questions during the workshops and with the frankness of the responses they received, and she found the inspiration from her peers as valuable as that generated by the invited speakers.

Dr. Milliken concluded the presentation by noting that, to sustain and expand the vision embodied in the COEs as seed money from federal government diminishes, it will be necessary to find other sources of funding.

Committee Chair Kohn asked whether either program benefits from the transfer of funds from the hospital. Dr. Pregler affirmed that the UCLA COE's clinical operations and community work could not continue without such support. Dr. Milliken reported that the UCSF Medical Center has provided strong support both in infrastructure and by providing space at Mount Zion Hospital. Regent Kohn noted that this illustrates the profound impact money can have on programs, a fact that makes adjusting the balance sheets of the hospitals a complex undertaking.

In response to a question from Regent-designate Seymour, Dr. Pregler reported that the Center of Excellence program was designed by the federal government with the hope that the centers would be assisted with funding locally by institutions as well as partnerships. She noted that the centers have procured funding from government, private philanthropists, and foundations but that they need to find long-term, sustainable funding to assure that they can be replicated and that their members can serve as consultants to other UC sites.

Regent Kozberg commented that the breadth of service provided by the COEs was impressive and that communication among them was likely very important. Dr. Pregler responded that talking to each other prevented duplication of effort and ensured that best practices would be shared.

Regent Lansing believed that the interest in women's health will continue to grow as women gain wealth and status. She asked whether the UCLA COE works with other women-oriented centers. Dr. Pregler responded that both the Revlon Breast Center and the Rhonda Fleming Cancer Center work closely with the Center of Excellence.

In response to a question from Regent Lee, Dr. Milliken reported that the UCSF COE receives federal funding of \$125,000 per year, which it has leveraged into much more. It receives funds also from the UCSF Medical Center, which has committed \$2 million for build out of the clinical research center space. Dr. Pregler reported that the UCLA COE receives \$175,000 a year and gets support from the primary care network for its clinical aspects. It also receives significant support from the Cantor Foundation.

In response to a question from Chairman Johnson, Dr. Pregler reported that two of the fifteen government-funded centers are in California.

Regent Marcus asked whether the COE has an interest in alternative medicine. Dr. Milliken reported that the UCSF COE invited community organizations and representatives to participate in a discussion about what the center's research agenda should be. Many of the respondents, regardless of their age, indicated an interest in knowing about alternative therapies, products, natural drugs, and supplements.

Chancellor Bishop commented that he believed the Centers of Excellence represent the kinds of innovative research and health care that rightly should originate with the University.

The meeting adjourned at 11:05 a.m.

Attest:

Secretary