

The Regents of the University of California

HEALTH SERVICES COMMITTEE

January 19, 2021

The Health Services Committee met on the above date by teleconference meeting conducted in accordance with Paragraph 3 of Governor Newsom's Executive Order N-29-20.

Members present: Regents Blum, Guber, Lansing, Makarechian, Sherman, and Zettel; Ex officio members Drake and Pérez; Executive Vice President Byington; Chancellors Block, Hawgood, and Khosla

In attendance: Regents Butler, Estolano, Kieffer, Leib, Mart, Muwwakkil, Reilly, Stegura, and Sures, Regents-designate Lott, Torres, and Zaragoza, Faculty Representatives Gauvain and Horwitz, Secretary and Chief of Staff Shaw, General Counsel Robinson, Executive Vice President and Chief Operating Officer Nava, Interim Vice President Lloyd, Chancellors Larive, May, Muñoz, Wilcox, and Yang, and Recording Secretary Johns

The meeting convened at 2:10 p.m. with Committee Chair Lansing presiding.

1. **APPROVAL OF UC DAVIS HEALTH LEADERSHIP APPOINTMENT AND/OR COMPENSATION ACTIONS FOR CERTAIN SENIOR MANAGEMENT GROUP EMPLOYEES, UC DAVIS HEALTH, DAVIS CAMPUS AS DISCUSSED IN CLOSED SESSION**

The President of the University recommended that the Health Services Committee approve the following items:

- A. Appointment of and compensation for David Lubarsky, M.D., as Vice Chancellor – Human Health Sciences and Chief Executive Officer – UC Davis Health, Davis campus, as follows:
- (1) Per policy, appointment of David Lubarsky, M.D., as Vice Chancellor – Human Health Sciences and Chief Executive Officer – UC Davis Health, Davis campus, at 100 percent time, in the Chief Executive Officer (UC Davis Medical Center) Market Reference Zone.
 - (2) Per policy, an annual base salary of \$772,500.
 - (3) Per policy, continued participation in the Health Sciences Compensation Plan with a negotiated “Y” payment of \$200,700.
 - (4) Per policy, eligibility for standard pension and health and welfare benefits and standard senior management benefits including eligibility for Senior Management Life insurance and Executive Salary Continuation for

- Disability (eligible after five consecutive years of Senior Management Group service).
- (5) Per policy, eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
 - (6) Per policy, eligibility to accrue sabbatical credits as a member of tenured faculty, consistent with academic personnel policy.
 - (7) A research allowance in connection with his tenured faculty appointment. This allowance is not compensation, and Dr. Lubarsky will continue to use it only for those expenses related to his research as allowed under University policy.
 - (8) Dr. Lubarsky will continue to comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
 - (9) This action will be effective as of January 1, 2021.
- B. Market-based salary adjustment for Bradley Simmons as Chief Operating Officer, UC Davis Medical Center, Davis campus, as follows:
- (1) Per policy, a market-based salary adjustment of 20 percent, increasing Mr. Simmons's annual base salary from \$628,318 to \$754,000, as Chief Operating Officer, UC Davis Medical Center, Davis campus, at 100 percent time.
 - (2) Per policy, continued eligibility to participate in the Short Term Incentive (STI) component of the Clinical Enterprise Management Recognition Plan (CEMRP) with a target award of 15 percent (\$113,100) of base salary and a maximum potential award of 25 percent (\$188,500) of base salary, subject to all applicable plan requirements and Administrative Oversight Committee approval. Any actual award will be determined based on performance against pre-established objectives.
 - (3) Per policy, continued eligibility for standard pension and health and welfare benefits and standard senior management benefits including eligibility for Senior Management Life insurance and Executive Salary Continuation for Disability (eligible after five consecutive years of Senior Management Group service).
 - (4) Per policy, continued eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
 - (5) Continuation of monthly contribution to the Senior Management Supplemental Benefit Program.

- (6) Mr. Simmons will continue to comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
- (7) This action will be effective as of January 1, 2021.

The compensation described above shall constitute the University's total commitment until modified by the Regents, President, or Chancellor, as applicable under Regents policy, and shall supersede all previous oral and written commitments. Compensation recommendations and final actions will be released to the public as required in accordance with the standard procedures of the Board of Regents.

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Interim Vice President Lloyd briefly introduced the item, which proposed the appointment of and compensation for David Lubarsky, M.D., as Vice Chancellor – Human Health Sciences and Chief Executive Officer – UC Davis Health, Davis campus and a market-based salary adjustment for Bradley Simmons as Chief Operating Officer, UC Davis Medical Center, Davis campus, in recognition of the significant and permanent expansion of the responsibilities of this position. No salary increase was being proposed for Dr. Lubarsky. Both positions served UC Health, and the compensation for both positions would be paid solely from sources other than State General Fund support to the University. Therefore, as stipulated in the Charter of the Health Services Committee, the Committee could review and approve this item with no further action needed by the full Board.

Dr. Lubarsky's total cash compensation package was \$973,200. The Davis campus was proposing a market-based salary adjustment for Mr. Simmons of 20 percent, increasing his annual base salary from \$628,318 to \$754,000, which was equal to his current salary as Interim Chief Executive Officer for the UC Davis Medical Center. He would be maintaining a large portion of the Interim Chief Executive Officer responsibilities. This was part of an organizational change at UC Davis Health.

Upon motion duly made and seconded, the Committee approved the President's recommendation, Regents Drake, Lansing, Pérez, Sherman, and Zettel voting "aye."

2. **APPROVAL OF MARKET-BASED SALARY ADJUSTMENT FOR JOHN DUNCAN CAMPBELL AS CHIEF OPERATING OFFICER – UCSD PHYSICIAN NETWORK, UC SAN DIEGO HEALTH, SAN DIEGO CAMPUS AS DISCUSSED IN CLOSED SESSION**

The President of the University recommended that the Health Services Committee approve the following items in connection with the market-based salary adjustment for John Duncan Campbell as Chief Operating Officer – UCSD Physician Network, UC San Diego Health, San Diego campus:

- A. Per policy, a market-based salary adjustment of 30 percent, increasing Mr. Campbell's annual base salary from \$330,300 to \$429,500, as Chief Operating Officer – UCSD Physician Network, UC San Diego Health, San Diego campus, at 100 percent time.
- B. Per policy, continued eligibility to participate in the Short Term Incentive (STI) component of the Clinical Enterprise Management Recognition Plan (CEMRP) with a target award of 15 percent (\$64,425) of base salary and a maximum potential award of 25 percent (\$107,375) of base salary, subject to all applicable plan requirements and Administrative Oversight Committee approval. Any actual award will be determined based on performance against pre-established objectives that are established and approved annually in accordance with policy and plan requirements, including by the Health System CEO, Chancellor, and Administrative Oversight Committee.
- C. Per policy, continuation of standard pension and health and welfare benefits and standard senior management benefits, including continuation of eligibility for senior management life insurance and executive salary continuation for disability (eligible and vested as a result of five or more consecutive years of Senior Management Group service).
- D. Per policy, continued eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
- E. Per policy, continuation of monthly contribution to the Senior Management Supplemental Benefit Program as Mr. Campbell retains his current position.
- F. Mr. Campbell will continue to comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
- G. This action will be effective January 1, 2021.

The compensation described above shall constitute the University's total commitment until modified by the Regents, President, or Chancellor, as applicable under Regents policy, and shall supersede all previous oral and written commitments. Compensation recommendations and final actions will be released to the public as required in accordance with the standard procedures of the Board of Regents.

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Interim Vice President Lloyd explained that this item proposed a market-based salary adjustment of 30 percent for John Duncan Campbell as Chief Operating Officer – UCSD Physician Network, UC San Diego Health, increasing Mr. Campbell's annual base salary from \$330,300 to \$429,500, effective January 1, 2021. This adjustment was being requested by the campus to better align Mr. Campbell's base salary with the criteria

described in policy, given his skills, experience, and contributions, and due to a significant and permanent expansion of the scope and complexity of this position. During calendar year 2020, UC San Diego Health streamlined and downsized payer contracting and business development, thereby eliminating three senior level positions. As a result, these business functions were reassigned to Mr. Campbell's portfolio as his direct responsibility. The campus reported that this restructuring resulted in an annual savings of over \$1.6 million. The proposed salary was 5.9 percent above the 75th percentile of the position's Market Reference Zone; therefore, the action required approval by the Health Services Committee.

Upon motion duly made and seconded, the Committee approved the President's recommendation, Regents Blum, Drake, Guber, Lansing, Makarechian, Pérez, Sherman, and Zettel voting "aye."

3. **UC HEALTH UPDATE ON VIRTUAL CARE (TELEHEALTH) INNOVATIONS**

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Executive Vice President Byington began the discussion by remarking that the COVID-19 pandemic had resulted in many innovations in the arena of virtual care and telehealth.

Lawrence Friedman, M.D., Associate Dean of Clinical Affairs, UC San Diego Health and Physician Executive Director of the UC Virtual Care Collaborative, stated that UC had become an industry leader in telehealth. A crisis like COVID-19 brought certain activities like telehealth into focus. In 2020, there had been over 1.6 million telehealth visits at UC Health. Since the beginning of the pandemic, UC Health faculty had published more than 40 peer-reviewed articles on COVID-19 and telehealth, which was a testimony to UC Health's innovative practices.

Dr. Friedman presented a chart showing the changes in patient visit type from 2019 to 2020. The annual number of in-person visits had declined by about 1.4 million, but the annual number of telehealth visits had increased by 1.5 million. Although the number of in-person visits had decreased, the increase in telehealth visits had been greater than the amount of the decrease. Patient visits at UC San Diego were now over 100 percent of predicted volume from the previous year. The total number of annual visits across all the medical centers had increased by about 150,000. A second chart showed ambulatory visit volume through 2019 and 2020. Until March 2020, almost all visits were in person. In April, over half of all ambulatory visits were virtual. Then, slowly, there was a shift back to more in-person visits, but, at the end of 2020, 25 percent to 30 percent of visits remained virtual. UC Health expected this trend to continue and that, even after the pandemic, 25 percent of all ambulatory visits would be virtual visits. This was in part because it was convenient for patients and efficient.

Dr. Friedman outlined COVID-related innovations in ambulatory care. Over 7,000 providers and staff had trained on telehealth across UC Health. Over 100 UC Health

affiliate practices were using telehealth. UC Health was providing telehealth services with interpreters in 11 different languages. There were Virtual Ambulatory Care Clinics for remote assessment of patients with mild to moderate COVID-like symptoms. Most providers carrying out follow-up COVID visits were doing so virtually. MyChart, an online patient portal, provided Care Companion Remote Monitoring for COVID-positive patients recovering at home. A COVID symptom decision tree was available for symptomatic employee COVID test self-scheduling. Virtual Express Care for patient-initiated, on-demand access to virtual urgent care through same-day, after-hours video visits was being offered at most UC Health locations.

UC Health had also made innovations in inpatient care. There was hospital-wide telehealth implementation, and this was integrated with the Epic electronic health record system. Telehealth was used for clinical consultations including provider consultations, virtual rounding, discharge teaching, and care conferences in order to reduce exposure and maximize clinician capacity. Family and patient visits took place via video. Virtual intensive care unit (Tele-ICU) visits provided coverage for community partner hospitals, including daily virtual rounds and ad hoc video consultation. An innovation recently undertaken at UC San Diego was the Hospital Medicine Virtual Transitions Initiative, to enhance care for patients discharged from Hospital Medicine via a post-discharge virtual clinic. This served as a bridge for patients before they began seeing their specialty or primary care doctors and had proven to be valuable. Patient and family tours of skilled nursing facilities were occurring virtually, and there were virtual physical therapy group sessions.

Dr. Friedman discussed current activities of the UC Virtual Care Collaborative, which were focused on student mental health. A memorandum of understanding was being created between the UC Student Health Insurance Plan (UC SHIP) and the Virtual Care Collaborative, and a governance committee was being formed. The Collaborative was recruiting and hiring providers and operational staff and determining the business and clinical infrastructure. The pilot virtual care clinics would be at UC Santa Cruz, UC Santa Barbara, UC Irvine, and UCSF. The Collaborative had been in discussions with all the campuses and had chosen the pilot campuses based on an assessment of readiness.

Chief Medical Officer Brad Buchman noted that the UC student health and counseling centers looked forward to working with the Virtual Care Collaborative and were excited about the fact that students would have access to UC medical center psychiatrists and counselors. He presented data for fall 2020. Similar to prior quarters, there had been about 70,000 telehealth visits for both counseling and medical visits at the student health and counseling centers. There were more than 200,000 telehealth visits in 2020. Dr. Buchman recalled that, in mid-March, when the need to move toward telehealth was announced, none of the centers had this capacity. The centers moved quickly and had developed telehealth capacity by the first week of April.

Dr. Buchman presented information on the number of UC SHIP telehealth claims. In December 2020, the total number of claimants had been 23,000. In only six weeks, this number had increased to 31,000. Telehealth visits had increased by almost 50 percent in

six weeks. Total dollar amounts for UC SHIP telehealth claims in December had been \$14 million; based on data gathered ten days prior, this amount had increased to \$20 million, and on this day it was \$21.5 million. Students were making very active use of telehealth.

Dr. Buchman then presented information on the most frequent presenting concerns and diagnoses in telehealth visits. Mental health visits outnumbered medical visits by about three times. Anxiety was the most common mental health concern, followed by depression. There was a variety of concerns in medical visits, but not many related to COVID-19. The counseling centers were conducting 100 percent of their visits via telehealth, while the student health centers remained open for in-person assessments and evaluations. The counseling centers were offering a variety of services on the telehealth platform, such as couples therapy, group therapy, and drop-in circles.

Dr. Buchman underscored that students had embraced these changes. While one could not predict the future ratio of telehealth visits to in-person visits, students enjoyed the opportunity to receive medical and mental health care via telehealth, and UC Health would adjust to students' preferences. Telemedicine was here to stay. Nevertheless, Dr. Buchman also felt that many students would benefit from resuming in-person visits and he hoped for a resurgence of these visits.

Regent Leib asked if UC Health would survey students on their response to telemedicine and their view of its value. Dr. Buchman responded that a patient satisfaction survey instrument had been completed for medical telehealth care. Assessment would begin this month. The counseling services were in the process of developing their survey and would likely implement it sometime early this year. Dr. Friedman added that there would be ongoing student satisfaction surveys. The UC Virtual Care Collaborative conducted focus groups with students, which were well attended. Regent Leib noted that these surveys should be a priority because this was a new system and the University did not yet know how effective it was.

Regent Muwwakkil asked about an increase in the cost per student using telehealth. Dr. Buchman responded that UC Health was receiving additional UC SHIP claims, and claims could lag 90 days or more. The University would not have an accurate idea of how much work was done in December 2020 until April or May 2021. The cost per telehealth visit, as shown on a slide, was \$126. He recalled that the cost had been about the same in December. This cost depended on the mix of claims. Charges varied among providers.

Regent Lansing asked if a telehealth visit cost more than an in-person visit. Dr. Buchman responded that this depended on where the visit occurs. On the campuses, much of this work was subsidized by student registration fees and other fund sources. Typically, on campus, students can come in for in-person or telehealth visits for free or for a small co-pay. The number presented was for UC SHIP claims amounts paid to the vendor or provider, not what the student was paying. There had been a year-over-year average increase of about \$31 from 2019 to 2020.

Regent Lansing stated her understanding that telemedicine allowed one to treat more patients and to do so more efficiently; the University, as well as students, would save money. She asked if there was a cost benefit to the University. Dr. Buchman responded that lower cost can be a benefit to the University. One factor of the average cost per visit was the difference between mental health visits and medical visits. There were three times as many mental health visits as medical visits. The cost of a one-hour counseling or psychiatry visit was much higher than the cost of a medical visit. Medical visits made up only about 25 percent of this number. Anthem's telehealth provider, LiveHealth Online, charged \$59 for a medical visit, while the charge for a psychiatry visit ranged from \$120 to \$150. A counseling visit might cost \$90 or more.

Regent Lansing asked if a mental health visit via telehealth cost less than a visit in person. Dr. Buchman responded that telehealth was more cost-efficient, but the charge, whether the same, more, or less, depended on the provider. Regent Lansing observed that, despite these variables, telehealth was serving more people. The University's mission was being better served. UC Health was providing wider service to a wider base of patients. This was the wave of the future, and some students might be more comfortable with a telehealth visit than going to see a provider in person.

Regent Muwwakkil commented that telehealth visits might not be as effective as in-person visits for screening. He asked that UC's telehealth surveys ensure that UC Health was not putting off addressing health issues that might not be detected in a virtual visit.

Regent-designate Zaragoza asked if there were differences in accessibility among the campuses. Dr. Buchman responded that data on accessibility for mental health appointments for counseling and psychiatry would be included in the annual report on student health and counseling centers and UC SHIP, to be presented to the Committee in February. UC Health tracks data for counseling and psychiatry appointments. Prior to COVID-19, most campuses were trying to achieve same-day scheduling for medical appointments by offering appointments online the night before. Differences among the campuses in the number of telehealth visits in fall 2020, shown on a slide, were due to staffing levels and the size of the campus. There were many variables and factors that affected visit volume. Accessibility data were generally positive.

Regent Lansing observed that the University's telehealth innovations were a good outcome of the COVID-19 crisis. Dr. Friedman thanked UCSD Health Chief Executive Officer Patricia Maysent, UC Davis School of Medicine Professor Emeritus Thomas Nesbitt, and Lisa Moore, Executive Director of the UC Virtual Care Collaborative, for their invaluable work in developing telehealth at UC.

The meeting adjourned at 2:50 p.m.

Attest:

Secretary and Chief of Staff