The Regents of the University of California

HEALTH SERVICES COMMITTEE
February 10, 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, Park, Sherman, and Zettel; Ex officio members Drake and Pérez; Executive Vice President Byington; Chancellors Block, Hawgood, and Khosla; Advisory members Ramamoorthy and Spahlinger

In attendance: Regents Leib, Muwwakkil, Reilly, Stegura, and Sures, Regents-designate Lott and Zaragoza, Faculty Representatives Gauvain and Horwitz, Secretary and Chief of Staff Shaw, Deputy General Counsel Nosowsky, Executive Vice President and Chief Financial Officer Brostrom, Vice Presidents Brown and Nation, and Recording Secretary Johns

The meeting convened at 10:05 a.m. with Committee Chair Lansing presiding.

1. **PUBLIC COMMENT**

Committee Chair Lansing explained that the public comment period permitted members of the public an opportunity to address University-related matters. The following person addressed the Committee concerning the item noted.

David Warren reported that he and his wife were patients at the UC Davis Medical Center, which had outstanding physicians; however, in the emergency department, floors were not always cleaned and there was sometimes a lack of blankets or pillows for patients. When a neurologist from Stanford Health asked the UCD emergency department to provide certain tests for Mr. Warren's wife, UCD refused. Mr. Warren had spoken with UC Davis Health representatives about his concerns. He asked that UC Davis Health cooperate with doctors at other facilities and that direction be provided to the emergency department to address his concerns.

2. **APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meeting of December 15, 2020 were approved, Regents Blum, Drake, Guber, Lansing, Makarechian, Park, Pérez, Sherman, and Zettel voting "aye."[1]

Committee Chair Lansing welcomed Advisory member Sonia Ramamoorthy to the Committee. Dr. Ramamoorthy was a surgeon at UC San Diego and filled the position on

[1] Roll call vote required by the Bagley-Keene Open Meeting Act [Government Code §11123(b)(1)(D)] for all meetings held by teleconference.

the Committee that was designated for a member of the Academic Senate holding clinical appointments at one of the University's health sciences schools.

President Drake reflected on the current moment, the beginning of the second year of the COVID-19 pandemic. Unfortunately, the direst predictions made in spring 2020 regarding mortality had been exceeded. The fall surge was worse than expected. The pandemic had been devastating to many people around the world but now appeared to be on a downward trajectory. There were new COVID-19 variants and certain behavioral patterns had thwarted public health efforts. President Drake praised the frontline workers in emergency rooms and intensive care units, food service workers, and people engaged in testing and vaccinating, who had done yeoman's work on a daily basis to deal with the pandemic in the most effective manner. He expressed appreciation for their work, which kept society safe in the face of the pandemic, and thanked all those at UC Health involved in these efforts.

President Drake commented on a few developments at UC. A COVID-19 vaccination clinic at UCSF was focused on patients over the age of 75, and, while on campus, President Drake had observed a steady stream of patients coming to be vaccinated. UC Davis had recently been featured in an article in the *New York Times*, which reported that UC Davis, in addition to taking care of its healthcare workers, was opening up a program to take care of all residents in the City of Davis, providing free testing to help keep the community safe. This was a great example of what public research universities can do. There had also been attention by the news media to UC San Diego's "Return to Learn" program. More students had returned to UCSD than to any other UC campus, but the campus had maintained a very low COVID-19 positivity rate throughout the fall. The rate had increased slightly in January but was now down to below one percent. Overall, UC campuses now had positivity rates lower than one percent; some campuses had rates lower than 0.5 percent. President Drake expressed pride in work being done on all the campuses to help move toward the end of the pandemic.

3. **UPDATE OF THE COVID-19 IMPACT ON THE UNIVERSITY OF CALIFORNIA: UC HEALTH ISSUES**

[Background material was provided to the Committee 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 welcomed Advisory member Ramamoorthy, who was Chief of the Division of Colon and Rectal Surgery at UC San Diego. Dr. Ramamoorthy was a physician scientist and an expert in colon cancer.

Following a career of 40 years at the University, UCSF Health Chief Executive Officer Mark Laret had announced that he would be retiring at the end of the calendar year. Dr. Byington expressed gratitude for his service.

The past week, February 6 had marked the one-year anniversary of the first U.S. death from COVID-19 in Santa Clara County. There had now been more than 460,000 deaths in the

U.S., and Dr. Byington predicted that this number would reach 500,000 by early March. This was a number no one could have contemplated a year earlier.

Case counts were now declining in the U.S., but there were still a seven-day average of 125,000 cases per day. Testing had confirmed more than 26 million cases in the U.S., and medical professionals and others multiplied this number by four for an estimate the total number of COVID-19 cases. One estimated that about 100 million people, almost one-third of the U.S. population, had had COVID-19. The death rate was declining, but there were about 3,500 deaths per day. Dr. Byington recalled that, at the January Regents meeting, the U.S. had just reached 400,000 deaths; in 24 days since then, about another 70,000 people had died of COVID-19.

Maps of COVID-19 hot spots for February showed that intensity had decreased from January to February. California had improved significantly. The goal continued to be to contain COVID-19 through public health measures and vaccinations. Daily reported new cases were declining in California, and Dr. Byington hoped that the number of daily reported deaths would decline in the coming month. Deaths in California had exceeded 40,000. One out of every 1,000 Californians had died of COVID-19 in the last year. January was the deadliest month and difficult for UC Health. One-third of all deaths experienced in California occurred in January 2021. The epicenter was Los Angeles County, with almost 6,000 deaths in January alone.

Dr. Byington raised the question of who was dying of COVID-19 in California. A study that had just been published showed excess mortality in the 18 to 65 age group by occupation. Working-age adults experienced a 22 percent increase in mortality compared to prior periods. Excess mortality was highest among food and agricultural workers, who experienced a 39 percent increase in mortality; transportation workers, who experienced a 28 percent increase; and manufacturing workers, who experienced a 23 percent increase. Latinos had the highest increase in mortality, at 36 percent, and 59 percent of this increase was in the agricultural sector. African Americans had a 28 percent increase, with 36 percent in the retail sector. Asian Americans had an 18 percent increase, with 40 percent in the healthcare worker occupation. Whites had a six percent increase, with the largest part of the increase among agricultural workers. This information was critically important for the next phase of vaccine distribution and for efforts to reach individuals who were essential workers and who had suffered significantly during this pandemic.

UC Health experienced some of the highest rates of inpatient mortality in the first surge of the pandemic. There was a decrease in these rates during the second surge. Now, in the third surge, UC was seeing high inpatient mortality rates in seniors: 12.5 percent among patients aged 70 to 79, and 21 percent among patients 80 years and older in December 2020. Final January figures were not yet available, but Dr. Byington expected them to be high as well. There were many reasons for the high numbers, including overcrowding within facilities, difficulty in obtaining care, health declines that occurred during the pandemic, lack of usual care, and, perhaps, COVID-19 variants.

Most California counties were still in the purple tier of positivity rates, with 99.9 percent of Californians living in counties with widespread transmission. The state was not ready to decrease vigilance. All UC facilities were located in counties with widespread transmission.

In January, almost 21,000 patients with COVID-19 were hospitalized in California, and this caused great stress for all California health systems, including UC Health. Earlier that week, the number had decreased to 13,000, and it was continuing to decline. This was giving some respite to hospitals.

A chart with numbers of UC Health COVID-19 inpatients showed that the third surge was now declining. UC currently had 441 COVID-19 inpatients, down considerably from a peak of 806, but this was still a high baseline, and almost twice as high as during the summer surge. It was important to reduce these numbers. There was a risk of a fourth surge, should the COVID-19 variants begin to spread rapidly. In order to protect hospital capacity, UC did not wish to enter a fourth surge with such high numbers of inpatient hospitalizations.

Dr. Byington presented charts with UC medical center operating statistics through December 2020. UC was seeing as many patients as in the past, and sometimes even more. In ambulatory and virtual visits, UC Health was seeing more patients than it had in 2019 and early 2020. Emergency department visits continued to be lower than during fiscal year 2020. Compared to fiscal year 2020, the number of hospital discharges was similar, the average daily census was similar or higher, and the number of paid full time equivalent employees was similar.

Given the declines in case count, test positivity rates, and inpatient and intensive care unit admissions in California, the State had lifted the statewide "stay at home" order on January 25. Dr. Byington cautioned that there was still significant COVID-19 transmission in the majority of California counties, COVID-19 variants continued to be a threat, and one needed to continue practicing non-pharmaceutical interventions as California raced to get as many people as possible vaccinated.

In the next phase of the pandemic, community partnerships would be vital in order to reach communities that might not have good access to health care and communities that have been marginalized, and in order to achieve the public health goal of ending the pandemic. Working with community partners was part of UC's and UC Health's public service mission. Dr. Byington presented a few examples of thousands of interventions that were taking place across the UC system. A partnership of UCSF and the Latino Task Force, called Unidos en Salud, had earlier brought diagnostic testing to San Francisco's Mission District, and had now set up a vaccine clinic. The entire UC Health system was involved in a new partnership with Merced County, UC Merced, Merced College, and Mercy Medical Center which would allow delivery in the next week of approximately 3,000 vaccinations to high-risk individuals and those 65 and older in Merced County. Merced County was struggling to vaccinate its population of approximately 300,000. The prior week, UC San Diego, in partnership with San Diego County, Petco Park, and the San

Diego Padres, had delivered more than 100,000 vaccinations to this community. This work had been recognized nationally, including by members of the Biden administration's COVID-19 task force as a model for the nation.

At this moment there was a limited vaccine supply. Individuals in high-risk categories were being immunized. Dr. Byington believed that more vaccines would be available in the next month. It would then be vitally important that all Americans choose to receive the vaccine. Addressing individuals' concerns about the vaccine and giving people confidence in the vaccine was an important goal of UC Health. UC Irvine, in partnership with Orange County and the Orange County Asian Pacific Islander Task Force, was addressing vaccine hesitancy in the Asian American community, who represented about 20 percent of the population of Orange County. This community had experienced disparities in deaths from COVID-19. UC Irvine and its partners were working to increase information about vaccines, translate materials into appropriate languages, and develop mobile vaccine pods to be deployed in communities at high risk.

UCLA, working with partners in Los Angeles County to provide COVID-19 education, had distributed more than 30,000 "Keeping U Safe" bags, which contained masks, hand sanitizers, soap, information, and food. UC Davis partnered with the City of Davis to offer free testing up to twice a week to everyone living in Davis, California. This program distributed masks and offered quarantine housing. It had received national attention and was also recognized as a model for the nation in keeping communities safe.

Dr. Byington reported that UC Health was able to vaccinate 88,000 of its employees in the first month of vaccine availability. The first date of vaccination was December 16, 2020 for the first dose and January 16, 2021 for the second dose. These vaccination dates were shown on a chart which tracked the third COVID-19 surge after Thanksgiving, which was also the period when vaccinations began. During that period, 431 UC Health workers tested positive each week, or 3.8 percent each week over a period of eight weeks. After the second vaccine dose, in late January, the positivity rate had declined to 171 employees per week, or 1.6 percent. This was a highly significant statistic, and Dr. Byington believed that it was entirely due to the vaccine. Two weeks after the second dose there were 94 positive tests per week, and this week there had been 71 positive tests. The vaccine was working and keeping UC healthcare providers safe. The vaccine would do the same for all essential workers, and for everyone else.

Dr. Byington discussed three new vaccines. The first was the Novavax protein subunit vaccine, a two-dose vaccine that was refrigerator-stable for up to three months, which was an excellent advantage. This vaccine had completed a phase three trial in the United Kingdom and demonstrated 89.3 percent overall efficacy, including 85.6 percent efficacy against the U.K. COVID-19 variant and 95.6 percent efficacy against the original strain. This was excellent news. Phase three trials for the Novavax vaccine were ongoing in the U.S. and might be completed in the next month, and subsequently ready for presentation to the U.S. Food and Drug Administration (FDA).

that the Working Group discussed this. The relevant information technology issues were fairly complex. The University currently had an Outside Activity Tracking System (OATS) for conflict of commitment. The Working Group's recommendation to include conflict of interest would add another layer of complexity.

Advisory member Ramamoorthy observed that, as a surgeon, she worked with device companies to innovate and make progress in the field. She stated that faculty would welcome clarity and transparency in this area. Faculty were asked to walk a fine line and wondered if they must constantly monitor the Centers for Medicare and Medicaid Services (CMS) database, mentioned earlier, to ensure that the data presented there were accurate. When data are inaccurate, faculty must initiate a process for correction with the relevant industry affiliate or vendor. Dr. Ramamoorthy stressed that there must be equity in compliance requirements for faculty and researchers across UC, whether they are in the health sciences or other fields. It was important to educate faculty not only about rules and regulations, but also how to monitor the CMS database or whatever source of information UC would use to evaluate this process.

Advisory member Spahlinger noted that he had dealt with these questions at the University of Michigan for the past eight years. There was complete transparency at his institution, which monitored the external database. In implementing these policies, he suggested that UC begin with UC Health faculty, who presented the most complicated situation, and then determine how to apply these policies to other faculty and schools while maintaining equity. He cautioned against underestimating the amount and importance of the work that must be done by local committees that manage conflicts of interest. This work was not just educating faculty, but examining each situation. Conflicts of interest and commitment in the health sciences had become more complicated over time. The relevant committee at the University of Michigan met at least once a week for several hours. He commended the recommendations of the Working Group. This was a nuanced issue requiring much ongoing work. UC should not underestimate the work needed to educate faculty and provide the ability to manage conflicts, while not dampening entrepreneurship.

The meeting adjourned at 2:15 p.m.

Attest:

Secretary and Chief of Staff