The Regents of the University of California

HEALTH SERVICES COMMITTEE
December 13, 2023

The Health Services Committee met on the above date at Covel Commons, Los Angeles campus and by teleconference at Corral del Risco, 63727 Nayarit**,** Mexico.

Members present: Regents Makarechian, Park, Pérez, Reilly, Sherman, and Sures; Ex officio members Drake and Leib; Executive Vice President Rubin; Chancellors Gillman and Hawgood; Advisory members Marks and Ramamoorthy

In attendance: Regents Ellis, Hernandez, and Raznick, Regent-designate Beharry, Faculty Representative Cheung, Secretary and Chief of Staff Lyall, Acting Deputy General Counsel Sze, Interim Senior Vice President Reese, and Recording Secretary Johns

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

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

Upon motion duly made and seconded, the minutes of the meeting of October 11, 2023 were approved, Regents Drake, Leib, Makarechian, Park, Pérez, Sherman, and Sures voting "aye."[1]

2. **PUBLIC COMMENT**

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

A. Remo Morelli, M.D., physician at St. Mary's Medical Center, noted that he had been practicing at this hospital as a cardiologist for 38 years. On behalf of many patients, doctors, nurses, and staff, he asked that UCSF, following acquisition of the hospital, maintain the name of St. Mary's. The new hospital would be secular, but the name of this hospital, which had served San Francisco for more than 166 years and was the oldest continuously operating hospital in San Francisco and California, should be preserved. The hospital had an established identity and place in the city. Changing the name would create confusion, and UCSF Health at St. Mary's would be an appropriate name for the hospital.

B. Michael Cahn, speaking on behalf of the UCLA Bicycle Academy, warned that the Arctic death spiral and other climate tipping points were fast approaching. UC medical centers were ignoring the need for secure bicycle parking. UC Health

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

needed to invest in healthy communities and active modes of transport. He asserted that active lifestyles benefited patients and the planet much more than costly gene therapies and urged the University to appoint a Vice Chancellor for Healthy Community with the authority to make UC Health a more active partner for healthy neighborhoods and a healthy planet. UC Health should be doing more to promote healthy transportation.

C. Elvira Rabadon, UC Riverside student, reported negative experiences with student health services on campus. She had received a birth control implant which later needed to be removed, but this could not be performed on campus, and she suffered nerve damage. An ensuing odyssey led to the UCR Health Inland Empire Women's Health Center, located far from campus, then to the Cedars-Sinai Medical Center in Los Angeles, and ultimately to UCLA. Ms. Rabadon noted that she had not been referred to UCLA by UCR. The referral system and the level of professionalism at UCR student health services needed to be reviewed.

D. Charles Allison, M.D., physician at St. Mary's Medical Center for 52 years, asked that UCSF maintain the name of St. Mary's following the acquisition of the hospital. The hospital had been founded in 1857 by the Sisters of Mercy, who cared for all individuals, regardless of their faith or ability to pay. Dr. Allison understood the reason to make this a secular hospital, and he and his colleagues were not concerned with preserving Catholic doctrine. St. Mary's was embedded in the fabric and history of San Francisco. UCSF should recognize this legacy. Changing the name might alienate the St. Mary's community.

E. Aditi Hariharan, UC Davis student, emphasized the need for greater investment in Campus Advocacy, Resources and Education (CARE) centers, which were only meeting half of the recommendations from a 2020 survey. This underinvestment had many impacts. Students who had experienced sexual assault were not prioritized for walk-in or same-day care due to lack of staff. Clients were directed to off-campus resources, which led to disruptions in advocacy and support services. The UC Student Association supported the recommendation that campuses have at least one full-time equivalent (FTE) staff for sexual violence prevention and education per 12,000 to 15,000 students, and one advocacy FTE per 15,000 students. UC should ensure appropriate funding for these services.

The Committee recessed at 10:20 a.m.

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The Committee reconvened at 1:00 p.m. with Committee Chair Pérez presiding.

Members present: Regents Makarechian, Park, Pérez, Reilly, and Sherman; Ex officio member Leib; Executive Vice President Rubin; Chancellor Gillman; Advisory members Marks and Ramamoorthy

In attendance: Regents Ellis, Hernandez, Raznick, and Tesfai, Regent-designate Beharry, Faculty Representative Cheung, Secretary and Chief of Staff Lyall, General

Counsel Robinson, Interim Senior Vice President Reese, and Recording Secretary Johns

3. **APPROVAL OF MARKET-BASED SALARY ADJUSTMENT FOR CHAD LEFTERIS AS CHIEF EXECUTIVE OFFICER, UC IRVINE HEALTH SYSTEM, IRVINE 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 Chad Lefteris as Chief Executive Officer, UC Irvine Health System, Irvine campus:

A. Per policy, a market-based salary adjustment of 20 percent ($199,992), increasing Mr. Lefteris's annual base salary from $1,000,008 to $1.2 million as Chief Executive Officer, UC Irvine Health System, Irvine campus, at 100 percent time. Mr. Lefteris will be eligible for consideration for systemwide salary program increases in accordance with University-wide guidelines.

B. Per policy, continued eligibility to participate in the Clinical Enterprise Management Recognition Plan's (CEMRP) Short Term Incentive (STI) component, with a target award of 20 percent of base salary ($240,000) and a maximum potential award of 30 percent of base salary ($360,000), subject to all applicable plan requirements and Administrative Oversight Committee approval. Any actual award will be determined based on performance against pre-established objectives.

C. Per policy, continued eligibility to participate in the Clinical Enterprise Management Recognition Plan's (CEMRP) Long Term Incentive (LTI) component, with a target award of ten percent ($120,000) of base salary and a maximum potential award of 15 percent ($180,000) of base salary, subject to all applicable plan requirements and Administrative Oversight Committee approval. The LTI uses rolling three-year performance periods, and any actual award will be determined based on performance against pre-established objectives over each three-year LTI performance period.

D. 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 after five or more consecutive years of Senior Management Group service).

E. Per policy, continued eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.

F. Mr. Lefteris will continue to comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.

G. This action will be effective December 1, 2023.

The compensation described above shall constitute the University's total commitment until modified by the Regents, the President, or the 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 the Committee in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Associate Vice President Jay Henderson briefly introduced the item, which would provide a market-based salary adjustment for Chad Lefteris as Chief Executive Officer, UC Irvine Health System. This action would provide a more competitive level of compensation and took into account Mr. Lefteris' additional duties, the expansion and growth of the UC Irvine Health System, including the addition of a new medical facility, as well as the growth of UCI Health revenues. This market-based salary adjustment would bring his salary from $1 million to $1.2 million, a 20 percent increase.

Upon motion duly made and seconded, the Committee approved the President's recommendation, Regents Leib, Makarechian, Park, Pérez, Reilly, and Sherman voting "aye."

4. **UPDATE FROM THE EXECUTIVE VICE PRESIDENT OF UC HEALTH**

[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 Rubin began this discussion by sharing his sense of anticipation for the next chapter of the University of California Health program. It was an honor for Dr. Rubin to return to the institution where his medical career began, but now a bit older and a bit wiser through his journeys on the East Coast across academic medicine, health system operations, and in the halls of City, State, and federal government. Shaping the future of UC Health was a daunting task that he did not take lightly, and he regarded this as one that required collective engagement across UC campus leaders and partners.

In order to learn quickly about the work that was already underway, including the implementation of the UC Health strategic plan developed the past spring, Dr. Rubin had initiated his own first 90-day plan. He embarked on a road tour to meet as many people as possible within the UC system, in State government, and across the California communities in which UC Health campuses were located. He noted that the Regents played a critical role in shaping the UC Health agenda and in identifying leaders outside the usual line of sight whose opinions and perspectives would be essential to align UC Health's work not only with the needs of UC campuses and patients but also with the health goals for the State of California.

The interviews that Dr. Rubin was conducting had a specific focus on the issues of health equity. While he was spending a fair amount of time on the UC Health campuses, his travels would also take him to the undergraduate campuses to learn how their public health leading programs, the student health enterprises, can inform strategy that seeks to position a growing federated health network that better achieves the State's aim of improving the health of Californians and all the communities with UC Health locations. Dr. Rubin's interviews and discussions would bring together the rich history of the UC Health campuses and programs, both amazing achievements as well as times when they might not have been perceived to be aligned with the needs of the State.

These interviews revealed the dynamism of UC Health. Ideas that had been considered orthodox in past years would not be considered so today. UC Health campuses were continuing to grow and develop richer networks in their communities every day. Technology was changing how UC Health engages patients and community members, and the pace of these opportunities would only hasten in the years to come. Not to be forgotten, the COVID-19 pandemic accelerated the recognition that the University is stronger when the campuses work together rather than alone. That collective value, however, was not absolute, and it was his and his team's intention during this period to focus on those services they provided that truly added value for the UC Health campuses and were in alignment with the State's expectation of UC's position in the market and responsive to the priorities of President Drake and the Regents.

Dr. Rubin's intention was ultimately to position his interviews to inform a revised strategic plan that was stakeholder-engaged and aligned with the State's aim of improving healthcare outcomes through education, workforce development, and improved access to care. He reflected that he was beginning this journey from a position of strength. While there were many health systems operating in the State of California, none had the reach of UC's translational research, innovation, and access to the most advanced and evidence-based medical interventions of this time.

Another part of the 90-day plan was to look inward at the operations of the UC Health team. He expressed gratitude for the work of his predecessor, Dr. Carrie Byington. While many people valued the leadership she had provided during the COVID-19 pandemic, fewer people were aware of the tremendous impact she had in organizing the UC Health team at the Office of the President (UCOP) during a difficult time. Dr. Byington had left a UC Health team with strategic capabilities and strategy covering policy, legal oversight, systemwide communications, as well as healthcare finance, academic affairs, clinical operations, and data-driven insights. Dr. Rubin recognized the leaders of these teams, who had eased his arrival at UCOP, and also voiced gratitude to his peers across UCOP who were helping him understand the ways in which UC Health and other UCOP teams work together to achieve common goals and to identify new ways to work together in the future.

Once the 90-day review was completed, Dr. Rubin would be working with his team to align its work streams with an evolving strategic plan that would strengthen communications, operational efficiency, and intersections with other UC programs. This process would last through spring 2024 and coincide with the UCOP budget process. The revised UC Health

plan would emphasize how UC Health's work supported the State's health goals and strengthened the resiliency of UC campuses in an uncertain financial environment. UC Health would do so by being mindful of preserving the autonomy of the individual campuses to work efficiently at a local level and identifying ways in which UC Health can provide economy and efficiency. He described his leadership style as non-hierarchical, and this would serve to position leaders across UC Health to be successful in accomplishing their goals. There would be a strong emphasis on mentorship and peer support across all levels of the organization.

While Dr. Rubin would have wished to have several months to complete this assessment of UC Health before charting a path forward, there were imminent challenges requiring the attention of the UC Health team from the moment he arrived. These included the rising price of the University's healthcare plans and increasing uncertainty in network access to partnering health systems across the state. UC Health and Human Resources teams at UCOP were focused on these challenges and recognized the need to provide the most affordable and accessible options for healthcare coverage to UC employees in this volatile environment. UC Health and UCOP teams were working closely together to review the health benefits provided to UC employees and students. UC planned to build on that review by soliciting new health plan offerings in 2024 through a Request for Proposals to attract those insurers who can best partner with the University to achieve greater network access and affordability in the future.

During this period of uncertainty, and as Dr. Rubin continued with a full review of UC Health programs, he would rely on the counsel of the President, the chancellors, his colleagues across UC, and the Regents. He stressed that he understood the critically important role the Regents play in shaping the future of the University. In this initial period, he would remain focused on strengthening UC Health teams, assisting with the health plan review, providing due diligence on the current and future work across the health programs, and learning from the many outstanding individuals across UC. Dr. Rubin stated that he felt energized to engage in the daunting task before him, a task which was critically important to the future health of people across California.

5. **CLINICIAN-LED SUPPLY CHAIN IMPROVEMENTS AT UC HEALTH**

[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.]

This discussion item was deferred.

6. **ADVANCING HEALTH EQUITY AND JUSTICE ACROSS UC HEALTH**

[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 Rubin introduced the discussion, which reflected ongoing collaborations to advance transformative actions to eliminate healthcare inequities, address

systemic barriers to equitable access and care, and develop innovative solutions to ensure a healthier and more just future for all communities within California. Chief Clinical Strategy Officer Anne Foster introduced Medell Briggs-Malonson, M.D., Chief of Health Equity, Diversity and Inclusion for the UCLA Hospital and Clinic System and Associate Professor of emergency medicine at the UCLA School of Medicine.

Dr. Briggs-Malonson began her discussion by presenting a slide showing the membership of the UC Health equity leadership team, which met monthly to discuss best practices and identify areas of need to ensure optimal care for all UC Health patients. Their collective vision for UC Health was to achieve health justice for every Californian. This vision might be audacious, but in order to correct the significant health inequities that have been persistent in the U.S. for generations one must be both audacious and courageous. Through transformative actions and advocacy, UC Health could eliminate health care inequities, address the barriers to access to high-quality care, and develop new clinical and social interventions to ensure a healthy and just future for patients and communities in California.

UC Health's equity initiatives were divided into three primary categories. The first was workforce diversity and development. UC Health was developing new policies and new procedures to continue to build infrastructures to diversify the health workforce—physicians, trainees, students, and staff—while focusing on the principles of anti-racism, anti-discrimination, and inclusive excellence. The second category was equitable and just care. UC Health has been advancing clinician education and developing new clinical practices to improve patient care, outcomes, and experiences through the provision of culturally sensitive, linguistically aligned, and affirming care. The third category was community engagement and advocacy. All UC Health campuses have been engaged in strengthening partnerships with their communities while delivering health education, providing services, and serving as advocates for them.

Dr. Briggs-Malonson outlined the UC Anchor Institution Mission (UC AIM), a commitment to leverage the various assets of the UC Health campuses in order to address racial and socioeconomic inequities and barriers that cause adverse healthcare outcomes. This effort was being pursued in the form of three primary pillars. The first was inclusive hiring to ensure that the UC Health workforce at all levels was representative of its communities and patients. The second pillar was diverse procurement, a goal to which the University was already committed before UC AIM, ensuring that UC dollars were invested in and that UC contracts were going to minority-, women-, LGBTQ+-, and veteran-owned businesses. The third pillar was place-based investments, and these could take many different forms, such as small business loans and partnerships with financial organizations. The end goal was to directly infuse financial assets into historically low-income communities of color.

Despite the work and various efforts of UC Health, significant healthcare inequities continued to exist in California. Latino Californians were more likely to be uninsured and about one in five Latinos reported that they did not have a usual source of care or that they had problems accessing a specialist and, often, primary care physicians as well. Black Californians experienced the highest rates of death due to a number of various forms of

cancer, due to delay in diagnosis and treatment. Black, Native American, and Latina women in California were one to two times more likely to experience in-hospital severe maternal morbidity, complications that occur during labor and delivery. This rate was higher than in many other states in the U.S. Black mothers and birthing people were four to six times more likely to die during childbirth than all other racial and ethnic groups in California.

These health inequities were unacceptable, and UC Health was not free of these inequities in its medical centers and programs. UC Health equity leadership was proposing a five-point strategic plan to advance health equity and justice: (1) Develop a UC Health framework to advance health equity and justice; (2) Leverage data to drive equitable outcomes; (3) Promote action and advocacy for health justice; (4) Integrate equity into all UC Health strategic planning and operations; and (5) Build capacity for system transformation and community engagement. Dr. Briggs-Malonson noted that health equity work is difficult. Instead of what are sometimes random efforts, one needed to implement a standardized UC Health framework to systematically identify and mitigate the health inequities locally and systemwide. Fortunately, UC Health had robust data infrastructures to carry out this work. In this plan, UC Health equity leadership was proposing to enhance these data infrastructures to allow for real-time health equity analysis and for setting goals. UC Health would be able to identify inequities directly, make targeted interventions, and monitor progress toward achieving its goals. The primary purpose of UC Health was to promote health, but in order to do so, one must also address the social drivers of health, which directly contribute to individual and community well-being. UC Health must consider economic opportunity, promote access to high-quality education, and address environmental injustice. It could do so by continuing to partner with communities and with elected officials to advance legislation that promotes health and social justice. Everything that UC Health does should have an equity lens, so that equity is not peripheral to the work UC Health does but fully integrated in that work. UC Health must ensure that it is investing more in its overall workforce, through diversification, inclusive excellence, and continuing to train leaders, especially those leaders who were underrepresented within UC Health, so that UC Health can continue to build capacity and expertise to reach its goals. Dr. Briggs-Malonson asked that the Regents support this strategic plan so that UC Health could achieve this vision of ensuring health justice for all Californians.

Regent Sherman expressed his support for the strategic plan. It would be important to present statistical data at future meetings to show results from these efforts, as a measure of accountability. He asked what some of these results in future presentations might be. Dr. Briggs-Malonson responded that some of the criteria and benchmarks to be reported would be maternal outcomes, such as maternal morbidity and the rate of cesarean sections for women with low health risk. She and her colleagues wished to focus on those areas which would have the greatest impact across the UC Health system. She looked forward to proposing a list of criteria and benchmarks at a future meeting to improve health care and establish accountability structures.

Regent-designate Beharry asked that the outcomes, benchmarks, and metrics to be presented in the future be communicated to the public. It would be important to show the

public that, beyond its statements about a commitment to equity, UC Health's efforts were achieving tangible results. Dr. Briggs-Malonson responded that this was an important task. UC Health wants to ensure that it is providing the best care outcomes and experience.

Regent Park echoed the desire to see goals and numerical targets. She referred to the mortality statistic for Black mothers in California, who were dying four to six times the rate of others during pregnancy and childbirth. Regent Park requested that UC Health establish a specific goal to endeavor to reduce this rate to zero, to eliminate this disparity, by 2030 or a specific date. While there were many disparities to be addressed, UC Health would benefit from highly specific goals to focus on. Dr. Briggs-Malonson responded that UC Health was already working on this, reviewing statistics on multiple maternal outcomes across the system. The Regents would receive statistics, goals, and the date for achieving goals.

Regent Park requested a case study or presentation on how UC Health would achieve this success. This would inform other efforts to address other disparities. Dr. Briggs-Malonson responded that this was part of the strategic plan. Many on the UC Health team had trained on the Lean Six Sigma process improvement strategy. UC Health was applying performance improvement methodologies to show the Regents and the world how it could achieve its goals. This information would be provided.

Regent Hernandez asked what the most significant challenge was in achieving this vision and how the Regents could help Dr. Briggs-Malonson and her team perform this job more efficiently. Dr. Briggs-Malonson responded that the greatest current challenge and opportunity was to ensure that there was unified support for this work. Health equity must be a priority for all the UC medical centers and schools systemwide, part of the core work of UC Health and not a peripheral concern. This must be affirmed through providing resources and setting institutional goals so that all can partner to move this work forward. The Regents can help by continuing to state their support for this work and by ensuring sufficient personnel and financial resources.

Regent Reilly commended the audacious goal of health equity for every Californian. She asked if there was a budget item accompanying this strategic plan. Dr. Briggs-Malonson responded that UC Health equity leadership had discussed this on several occasions. This would be reviewed further, and a budget item would be presented to the Regents in the future, stating the resources that would be needed to make this effort as impactful and effective as possible.

Regent Reilly noted that, while the Affordable Care Act and other efforts in California had been remarkably effective in increasing access to health care, there were still 60,000 to 70,000 uninsured people in San Francisco and San Mateo Counties. She asked if UC Health had a specific approach to helping people without insurance gain access to health care. Dr. Briggs-Malonson underscored the importance of this question, which had many aspects. The system of health insurance coverage in California was complex. At UCLA and other UC Health campuses, when uninsured patients enter the system, UC financial counselors try to connect them directly with Medi-Cal or any other type of insurance for

which they are eligible. The numbers of uninsured in California were lower than in other states due to the expansion of Medi-Cal, but there was still a gap to be addressed. Dr. Briggs-Malonson believed that there was a need for more proactive work by all the medical centers, both within UC healthcare facilities and in the community. UCLA Health operated mobile units to provide health care for homeless people. When UCLA providers find that a patient is uninsured, they enroll that person on the spot and begin the application process. These efforts in the community and in UC healthcare facilities would be essential.

Regent Reilly observed that there were still people who did not qualify for government assistance. These included many who were working but did not qualify due to immigration status or people who earned slightly too much to qualify for Medi-Cal but who could not afford private health insurance. This category of people would only grow over time. Regent Reilly asked that UC Health develop a plan and have increased focus on this population as well. She looked forward to seeing statistical data and metrics in future meetings.

Regent Ellis commented that having insurance did not necessarily guarantee access, an appointment, and the ability to get care. Students, almost all of whom had insurance, had often reported that they were not able to receive the care they needed. The framework outlined in the presentation would address care for students and care for California communities. Being community-responsive meant understanding that what works for one patient might not work for all. Dr. Briggs-Malonson reflected that equitable health care was meeting each person where they are and giving them what they need. UC Health was developing innovative models to be able to do this.

Student observer Kylie Jones, a third-year undergraduate student at UC Irvine studying public health policy, stressed the interconnected role that the University played in creating the future of health care. As a public health student, Ms. Jones had learned that health equity extended far beyond academia. It was a shared commitment to protect the well-being of all community members, ensuring equitable distribution of resources and opportunities. Working towards health equity strengthens community resilience, laying the groundwork for a society where everyone, regardless of life story or identity, had the resources and opportunities to achieve optimal health and thrive. She urged UC Health to include students in the outreach and engagement framework of its equity and justice initiatives, actively involving students in the development and execution of UC Health initiatives. Incorporating student voices was not just a symbolic gesture but a strategic imperative for the success and relevance of UC Health initiatives. Students would bring unique perspectives, backgrounds, and innovative thinking that would significantly enhance the impact and sustainability of UC Health equity efforts. Incorporating students in this process would also empower them to be active contributors to the betterment of the University and by extension the broader landscape of health care in California. Students could actively contribute to the development of the UC Health framework by participating in work groups, data collection, real-time equity analysis, and help create a health equity index. Student advocacy could play a pivotal role in promoting action and legislative support for health justice. Empowering students as vital participants would not only ensure that the project had the benefit of varied perspectives but would also actively shape a future generation of healthcare advocates committed to eliminating health disparities. UC Health

could consider incorporating student-specific language into certain strategic objectives and making a commitment to include students in key conversations and decision-making processes. As the University shaped the future of health care and health justice through education and care, the active inclusion of students in this transformative process would ensure that UC's impact extends far beyond institutional boundaries, aligning with the ever-evolving needs of the broader California population.

The meeting adjourned at 1:45 p.m.

Attest:

Secretary and Chief of Staff