The Regents of the University of California

HEALTH SERVICES COMMITTEE
January 20, 2026

The Health Services Committee met on the above date at the UCLA Luskin Conference Center, Los Angeles campus and by teleconference.

Members present: Regents Chu, Leib, Makarechian, Park, and Sures; Ex officio member Milliken; Chancellors Frenk, Gillman, Hawgood, Hu, and May; Advisory members Good, Marks, Noonan, and Ong

In attendance: Regents Anguiano, Brooks, Hernandez, Komoto, Robinson, and Wang, Regents-designate Melton and Tokita, Faculty Representatives Palazoglu and Scott, Staff Advisors Frías and Hanson, Secretary and Chief of Staff Lyall, General Counsel Robinson, Senior Vice President Turner, Vice Presidents Brown and Kao, and Recording Secretary Johns

The meeting convened at 12:05 p.m. with Committee Chair Sures presiding.

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

Upon motion duly made and seconded, the minutes of the meeting of November 18, 2025 were approved, Regents Chu, Leib, Makarechian, Milliken, Park, and Sures voting "aye."[1]

2. **PUBLIC COMMENT**

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

A. Leigh Dundas, parent of a UC Davis student, reported that ten days earlier, the UC Davis Director of Athletics cut the all-female varsity equestrian team, due in part to alleged budget issues, although parents of team members have raised money and provided significant support. Ms. Dundas criticized the University for using the pretext of a UC-created budget shortfall to terminate this team.

B. Diana Dayal, emergency resident physician at UCLA and representative of the Committee of Interns and Residents of the Service Employees International Union (CIR-SEIU), urged the University to engage in productive and transparent bargaining with the union. Meetings had been unproductive. CIR-SEIU was seeking a fair salary increase, better retirement benefits, safe staffing, proper workspaces, and appropriate safety equipment. Allowing busy residents to attend

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

bargaining sessions remotely would allow them to have faith in a transparent process. Improving resident working conditions would improve patient care at UC.

C. Brendan Cohn-Sheehy, resident neurologist at UCLA, spoke on behalf of 6,500 medical residents at UC, whom he described as the backbone of the UC hospitals. He stated that President Milliken did not respect their labor. CIR-SEIU had presented extensive proposals six months earlier, but the University had tentatively agreed to only three articles since then. Dr. Cohn-Sheehy called on the Regents to ensure that bargaining is fair.

D. Varykina Thackray, UC San Diego School of Medicine faculty member, noted that the last three years were the hottest in recorded history. The January 2025 Southern California wildfires were a devastating example of the perils of climate change. UC is a world-renowned leader in climate science and needed to prioritize climate action. Ms. Thackray exhorted the Regents to (1) secure funds for capital projects that would reduce campus carbon emissions by 40 percent by 2030 and maximize campus solar power, (2) stand up for academic freedom and First Amendment rights, so that faculty and students can teach, research, discuss, and protest about climate change and the clean energy transition, and (3) mitigate fossil fuel industry influence by publicly disclosing sources of research funding.

E. Michael Fenne, representative of the Private Equity Stakeholder Project, commented on UC's $1.3 billion investment with the private equity firm Thoma Bravo, which owned RealPage, an algorithmic property management software company. Since 2022, RealPage has been the subject of bans in major cities, proposed legislation, class action lawsuits, and State lawsuits due to accusations of facilitating price collusion among competing landlords. A U.S. Department of Justice lawsuit settled in December 2025, and there was pending litigation against the company in California and Arizona. Mr. Fenne asked that the University halt all future investments in Thoma Bravo until RealPage removed the rental price sharing component of its software.

F. Lynn Medoff, parent of a UC Davis student who was the co-captain of the Division I equestrian team, related that the Director of Athletics decided to demote the team from its Division I status in order to elevate a different sport. The team has been in existence since 2018, won two conference championships, participated in national finals, and was ranked seventh in the nation. Ms. Medoff requested an investigation into the significant increase in the equestrian budget over the last five years, and the campus' misrepresentation of the team in making this decision.

G. Aradhna Tripati, UCLA professor, climate scientist, and founding director of the Center for Developing Leadership in Science (CDLS), noted that CDLS grants from the National Science Foundation had been targeted by the federal government. Ms. Tripati was a named plaintiff in *Thakur v. Trump*, and two CDLS grants were cited by District Judge Rita Lin in her decision which restored grants across the UC system. Federal programs that funded CDLS no longer existed. Even with the

appropriations being requested, CDLS' work for community benefit and workforce development would not be able to continue. CDLS was facing a fiscal crisis and needed support from Regents, UCOP, and UCLA in order to survive.

H. Abbie Pedrotte reported that her family lived in the Lawndale Estates manufactured housing community in Michigan, owned by Yes! Communities, which might be purchased by the private equity firm Brookfield Asset Management. Yes! Communities' poor management and mistreatment of tenants negatively affected her life. Constant rent increases placed Ms. Pedrotte and her fixed-income neighbors at risk of homelessness. Before investing in Yes! Communities, UC should consider how it treats its tenants.

I. Jack Feng, UCLA graduate student and UCLA Graduate Students Association External Affairs Vice President, recalled that about one in three UC graduate students experienced food insecurity, a sharp increase over the past two years. About one in 20 graduate students experienced housing insecurity, and many spent more than half of their stipend on housing. These conditions directly affected student health and academic progress. Food insecurity was especially severe for undocumented and international students in need, who were excluded from the CalFresh program. Mr. Feng urged the Regents to accelerate the development of affordable housing for graduate students, with rent tied to stipend levels, and to ensure sustained food support for undocumented and international students. There should be tracking of progress in graduate student basic needs outcomes.

J. Rosemary Ruiz, UCLA student, demanded that UC divest from Blackstone, Blackrock, Sequoia, ExxonMobil, and all other companies complicit in and responsible for the climate crisis, war, occupation, apartheid, displacement, and genocide. The Regents must meet with the UC Divest Coalition and invest in climate mitigation and adaptation for UC campuses. UC had a responsibility toward its students, who would have to deal with the consequences of the climate crisis.

K. Michelle Markosyan, representative of the UCLA Labor Studies Student Union and the Young Democratic Socialists of America at UCLA, expressed concern about what she deemed the University's failure to properly protect its migrant students regardless of their documentation status. UCLA and the UC system must declare that they would not cede student data to immigration authorities, would use the BruinALERT system in accordance with State Senate Bill 98, and would divest from Blackstone and instead use funds for student and staff services, such as "know your rights" training and career centers that would help undocumented students. The Los Angeles campus was built on Tongva land, using the labor of Black and Brown migrants. There was a need for transparency and safety for students on campus.

L. William Simpson, undergraduate Student Body President at UC San Diego, reported that offices for students with disabilities across the UC system frequently

failed to deliver timely and effective accommodations. Students often experienced long wait times for intake appointments, delays in processing accommodations, and limited staff to respond to issues in real time. Testing centers often reached capacity quickly, leaving little flexibility for students who required alternative examination settings. There was also often a lack of communication between testing centers and instructors, resulting in confusion and last-minute changes. Students with disabilities found themselves at a disadvantage. Mr. Simpson underscored the University's legal obligations under the Americans with Disabilities Act as well as its moral obligations.

M. Giuseppe Novello, student employee at UC San Diego in Housing, Dining, and Hospitality, voiced concern regarding equity and sustainability for employees. As a student, stable and accessible campus dining and services were a necessity for success; as an employee, he shared workers' concerns about staffing levels, living wages, healthcare affordability, and the well-being of workers and the community. In light of recent labor actions, Mr. Novello asked the Regents to reflect on their role in ensuring that staffing levels are appropriate, employees can afford health care, long-term working conditions guarantee that there are stable campus dining services, and improvements are being made.

The Committee recessed at 12:25 p.m.

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The Committee reconvened at 1:30 p.m. with Committee Chair Sures presiding.

Members present: Regents Leib, Makarechian, Matosantos, Park, and Sures; Ex officio members Milliken and Reilly; Executive Vice President Rubin; Chancellors Frenk, Gillman, Hawgood, Hu, and May; Advisory members Good, Marks, Noonan, and Ong

In attendance: Regents Anguiano, Brooks, Hernandez, Komoto, Kounalakis, Robinson, and Sarris, Regents-designate Melton and Tokita, Faculty Representatives Palazoglu and Scott, Staff Advisors Frías and Hanson, Secretary and Chief of Staff Lyall, General Counsel Robinson, Chief Compliance and Audit Officer Bustamante, Provost Newman, Executive Vice President and Chief Financial Officer Brostrom, Senior Vice President Turner, Vice Presidents Brown, Gullatt, and Kao, Chancellors Assanis and Muñoz, and Recording Secretary Johns

3. **APPROVAL OF THE EXTENSION OF THE APPOINTMENT OF AND COMPENSATION FOR MICHAEL CONDRIN AS INTERIM CHIEF EXECUTIVE OFFICER, UC DAVIS HEALTH, DAVIS CAMPUS AS DISCUSSED IN CLOSED SESSION**

The Committee recommended approval of the following items in connection with the extension of the appointment of and compensation for Michael Condrin as Interim Chief Executive Officer, UC Davis Health, Davis campus, in addition to his existing appointment

as System Chief Operating Officer and Chief Administrator, UC Davis Medical Center, Davis campus:

A. Per policy, the appointment of Michael Condrin as Interim Chief Executive Officer, UC Davis Health, Davis campus, effective February 1, 2026 through December 31, 2026 or until the appointment of a new Chief Executive Officer, UC Davis Health, Davis campus, whichever occurs first.

B. Per policy, an annual base salary of $1,096,603 during Mr. Condrin's appointment as Interim Chief Executive Officer, UC Davis Health, Davis campus, and during a transition period for up to two months following the start date of a new Chief Executive Officer, UC Davis Health, Davis campus. At the conclusion of the transition period, Mr. Condrin's annual base salary will revert to his annual base salary in effect as of January 26, 2025 ($833,600) plus any adjustments made under the UC Davis salary program during the current and extended interim appointments and/or transition periods.

C. Per policy, continued eligibility to participate in the Short Term Incentive (STI) component of the Clinical Enterprise Management Recognition Plan (CEMRP), remaining at the Chief Operating Officer position level with a target award of 15 percent of base salary ($164,490 during the interim appointment) and a maximum potential award of 25 percent of base salary ($274,150 during the interim appointment), subject to all applicable plan requirements and Administrative Oversight Committee approval. Mr. Condrin will not be eligible to participate in the Long Term Incentive (LTI) component of CEMRP. Any actual STI award will be determined based on performance against pre-established objectives.

D. Per policy, continuation of standard pension and health and welfare benefits and standard senior management benefits (including eligibility for senior management life insurance and, after five consecutive years of Senior Management Group service, eligibility for executive salary continuation for disability.)

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

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

The compensation described above shall constitute the University's total commitment until modified by the Regents or President, 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.]

Chief of Staff Dianna Henderson briefly introduced the item.

Upon motion duly made and seconded, the Committee approved the recommendation, Regents Leib, Makarechian, Matosantos, Park, Reilly, and Sures voting "aye."

4. **OPTIMIZING EMPLOYEE ACCESS TO CARE: AN UPDATE FROM THE UNIVERSITY OF CALIFORNIA HEALTH CLINICAL QUALITY COMMITTEE**

[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 recalled that a major point of the UC Health strategic plan was to improve employee access to care, which would be the focus of this discussion.

UC Health Chief Clinical Officer Robert Cherry drew attention to the goals of improving network access and improving the patient experience as critical elements of the strategic plan. Over a year ago, UC Health developed an ambulatory leadership team to review access for UC patients overall, but lately this group has also focused on employee access. This has become something of a learning laboratory because there was no industry standard for employee access. A systemwide focus on employee access was important now because more UC employees were selecting UC self-funded health plans. The campuses all had enrollment strategies, marketing campaigns, as well as special telephone lines and patient navigators to answer employees' questions so they can make the best decision about their health plan during the open enrollment period. Access strategies included the use of Epic electronic health records to prioritize scheduling and referrals for UC employees without compromising care for other patients, expanded clinic hours, and telehealth. Campuses were analyzing data to monitor their performance.

UC Irvine Health Associate Chief Medical Officer Sunil Verma stated that access to care was a core institutional priority for UCI Health. This priority has been part of a strategic operating plan for more than five years. UCI invested early in enterprise infrastructure and a robust data warehouse to measure, track, and manage access across every specialty and site of care. Benchmarking performance has created accountability, especially for physician leaders. UCI has partnered with Vizient to create specialty-specific benchmarks that track UCI's performance against other medical centers and UC Health peers. Data on access have driven growth, and UCI has used advanced analytics to align physician capacity with patient demand and guide targeted recruitment where access gaps existed. UCI managed access with the same discipline as quality, with annual target-setting by service line leaders and quarterly enterprise performance reporting. Results were sustained and real, with continued access gains: same-day access in primary care and oncology and top decile performance in many surgical subspecialties. This has been recognized by Vizient's ambulatory quality and accountability program, with UCI Health being awarded as a top performer in three of the last four years. Better access meant better care for UCI patients, communities, and employees who choose to seek health care with UCI.

Debbie Aizenberg, Chief Physician Executive of the UC Davis Medical Group and Chief Medical Officer for Ambulatory Care at UC Davis Health, referred to a core customer service principle of the Walt Disney Company, which was to put employees first and treat them like valued guests. The logic was simple: when employees have exceptional experiences, they in turn create exceptional experiences for customers. UCD Health was applying the same idea, wanting to ensure that its employees receive the best care so they can go the extra mile for patients and become effective ambassadors for the high-quality care that UCD delivers in the communities where employees live. Employee access was an institutional priority at UCD, supported by enterprise-wide initiatives and analytics. UCD was constantly tracking its performance and viewed employees as a microcosm of the broader population. If UCD can resolve access issues for its own employees, it can improve access for everyone. Keeping employees healthy not only benefited them individually, but also gave UCD a stronger, more reliable workforce which better served all patients.

UCD has taken specific actions to ensure access for employees and their dependents. For routine care, early access was provided through "Fast Pass," an automated system that offers patients earlier appointments when they become available and makes offers to employees before the same appointment slots are released to the broader population. UCD has reserved dedicated appointment blocks specifically for employees and dependents. These slots are strategically placed at the beginning and end of the day so that employees can minimize the time away from work. If these slots are not used, they are released to the broader patient population. UCD was also expanding Saturday and evening clinics in primary care and select specialties. The goal was to better match employee schedules so that they can take less time off work while still receiving the care they need and to make health care for employees as easy and seamless as possible. UCD wanted its employees to feel supported as patients and was proud of the care they received and delivered within UCD Health. When UCD prioritized its employees as a key population, it raised the level of care for everyone that it served.

UC San Diego Health Senior Assistant Vice Chancellor of Clinical Affairs and Chief Executive Officer of the UCSD Health Physician Group Christopher Kane related that one of the primary initiatives at UCSD Health has been to improve and streamline access for UC employees to clinical services. UCSD understood that timely health care was essential for the well-being and productivity of employees and was setting its access standards and measuring performance to Vizient access goals, as mentioned by Dr. Verma, and using tools for efficiency, such as the Fast Pass system used at UC Davis and other campuses to automate appointments. UCSD has developed and enhanced its digital front door, including online scheduling for primary care follow-up, urgent care, express care, and virtual express care availability with "save your spot" technology as well as touchless ambulatory arrival check-in without staff interaction. UCSD provided complimentary access to One Medical primary care memberships for employees who have registered for UCSD health care and a special employee access line to coordinate primary care physician appointments across the organization. UCSD has designated a scheduling group called "UCSD Core," which comprised UCSD employees, primary care patients, students, and clinically integrated network primary care affiliates, and UCSD prioritized access for these categories. UCSD

had about 900 clinically integrated network physicians. About 450 of them in three large primary care practices were using the UCSD version of the Epic system. The broad geographic distribution of the UCSD Health network was designed to enhance convenience and allow medical care where patients and employees live and work.

UCSD Health Chief Artificial Intelligence (AI) Officer and Joan and Irwin Jacobs Chancellor's Endowed Chair in Digital Health Innovation Karandeep Singh remarked that when one discussed improving patient access, one of the areas and tools being increasingly mentioned was the use of AI. In the past year, AI had the greatest impact in the form of AI scribes. AI scribes are tools that clinicians use at the bedside, with consent, to help take notes but also increasingly for subsequent actions, such as ordering tests. There was a belief that by making clinicians more efficient, these tools would improve access to care. The first randomized controlled trial of these tools was conducted at UCLA Health. The invited editorial that accompanied the trial was written at UCSD Health, and the first follow-up study specifically reviewing access and AI scribes was carried out by UCSF Health. The studies found that, while these tools provide benefits in terms of clinician well-being, the benefits in improving patient access and visit volume have been somewhat modest, although the technology is improving. UC Health was leading the way in helping determine how to use these tools effectively.

AI can be used in chart review. When managing populations of patients, it is helpful to have basic information about patients' lives, both social and medical, and much of this information is found in clinical charts. AI chart review can help review charts for thousands of patients all at once, allowing one to better manage patients at a population level and in ways that otherwise would be infeasible without this technology. AI-enabled communication can help to close care gaps. These are direct-to-patient AI tools including chatbots (software applications) for voice AI calls, used with permission and following appropriate regulations. UCSD Health has performed 500 test calls and over 1,000 real world calls to patients. In general, the feedback has been positive, and early evidence showed that UCSD was able to reduce rates of cancellation and rescheduling because patients received better preparation in advance of their visit.

Dr. Cherry concluded the presentation with general comments on how the campuses were functioning as learning laboratories for tactics and strategies to improve operational workflows. The use of common measures such as Vizient criteria was helpful, and UC Health was excited to explore different types of AI tools to support decision-making and optimizing the patient experience.

Advisory member Noonan provided remarks on behalf of the Health Services Committee advisory members. The advisors felt that all these initiatives were excellent and exactly what UC Health should be pursuing. Such efforts can help institutions better understand the situation of patients who are having trouble accessing care and can serve as pilot programs for employees. UC Health can analyze the data to determine which UC employees are not seeking health care at UC, why they are not doing so, and how they reflect the broader population who are not receiving care at UC. The advisory members believed that what was good for employees should be good for the general population.

Ms. Noonan praised this enterprise-wide thinking and the efforts to develop a unified UC Health approach to patient scheduling and the use of population health data to improve access for more patients.

Student observer Calvin Yang commented that this discussion on optimizing employee access to care reflected a thoughtful, evidence-based approach to systemwide quality improvement. UC was not only addressing operational efficiency but also ensuring consistent improvement in the healthcare experience of patients and employees. The emphasis on benchmarking, analytics, and scalable best practices demonstrated real leadership among academic health systems. Mr. Yang was particularly encouraged by the systemwide collaboration described in the background materials: the ambulatory leadership team, the partnership with the Center for Data-driven Insights and Innovation, and the forward-looking attention to AI-enabled tools and virtual navigation. These were exactly the kind of coordinated, data-informed strategies that allowed a large and complex system like UC Health to move together rather than as separate, isolated units.

Mr. Yang recalled that, at the November 2025 meeting, he had shared his hope that the University would collaborate with State partners to enable the UC Student Health Insurance Plan (UC SHIP) to bill Medi-Cal through a capitation model and thereby establish a health insurance premium payment pathway for students. Over the past two months, he had gathered relevant data and engaged with a range of stakeholders on this issue. It appeared that the UC system and its individual campuses did not currently possess a systemwide mechanism to identify which students are Medi-Cal-eligible or enrolled but were only able to identify students who self-report Medi-Cal coverage for the purposes of waiving UC SHIP. In March 2025, a presentation to and discussion by the Health Services Committee indicated that this population represented approximately seven percent of students. In the same month, UC reported that roughly 35 percent of all undergraduates and 41 percent of California undergraduates qualified for the Pell Grant, suggesting that the total share of UC students who were Medi-Cal-eligible or enrolled was likely substantially higher.

This situation reflected a natural division of responsibilities across California public systems and highlighted an opportunity for deeper coordination. Medi-Cal eligibility and enrollment data were stewarded by the California Department of Health Care Services while UC's enrollment, billing, and care delivery data were maintained within the University. Bringing these complementary data sources into alignment would allow UC to better understand and support students who rely on Medi-Cal for coverage. When UC has limited insight into which students are Medi-Cal-eligible or enrolled, it naturally becomes more challenging to connect students with support, whether through targeted outreach, continuity of care planning, or navigation across Medi-Cal's county-based networks. Strengthening the visibility of these students would allow UC to identify them earlier and more seamlessly, rather than relying on self-identification.

This consideration was in alignment with the objectives outlined in today's item. Ambulatory access dashboards, equity metrics, and AI-supported navigation tools were powerful and promising innovations but could only act on the populations they can see.

Enhancing the visibility of Medi-Cal-enrolled students would allow these tools to more fully serve students who are most likely to experience delays, transitions, and gaps in care. Mr. Yang emphasized that this was not a call for expanded data collection or intrusive monitoring. The data already existed, and the opportunity lay in developing a secure Health Insurance Portability and Accountability Act (HIPAA)-compliant pathway to responsibly share and use this information for data coordination, access optimization, and equity, consistent with UC's longstanding commitment to data stewardship and patient privacy. As UC Health continued to invest in analytics infrastructure and access improvement strategies, there was a meaningful opportunity to ensure that Medi-Cal eligibility and enrollment were thoughtfully integrated into these efforts.

Regent Matosantos asked if the University had a sense of the factors that were important to UC employees, as it sought to increase the number of employees who choose to receive healthcare services at UC. She asked if there were differences among categories of employees with respect to the choice of UC or another provider. She commended the campuses for their efforts to facilitate and expedite employees' access to UC Health care. In response, UCLA Health President Johnese Spisso discussed UCLA's efforts. At UC, UCLA had the largest outpatient clinic network, with over 300 clinics and almost four million patient visits annually, and one of the largest employee populations. UCLA found that its employees prefer to have access to a clinic within a 30-minute drive or ride from their home, and UCLA employees lived all around the Los Angeles region. UCLA has expanded its network of primary, secondary, specialty, oncology, and immediate care in key geographic areas, even in areas with competitor institutions, and was able to serve more of its employee population. Dr. Cherry added that UC Health vice chancellors and chief executive officers have been considering health plan redesign and preparing for increased employee enrollment. Dr. Rubin commented that the standardization of criteria across UC Health, such as patient experience measures, was a good example of an effective collaborative effort. UCSD Health Chief Executive Officer Patricia Maysent recalled that, in building up its clinical network, UCSD had a goal of offering care within 15 minutes from home. UCSD has also set up express care centers throughout the region for same-day care. Responding to the comments by Mr. Yang, Ms. Maysent reported that, on February 2, UCSD would begin billing Medi-Cal for students for the first time.

Regent Brooks noted that many UCLA employees lived in the South Bay region of Los Angeles, yet UCLA Health lacked facilities there. UCLA did not appear to have as many healthcare facilities in lower-income communities, and this brought to mind housing discrimination based on race in Los Angeles and California in past decades. She asked how UCLA would provide more care for populations and employees who needed this care and who lived south of the 10 Freeway and east of the 405 Freeway. Ms. Spisso responded that UCLA worked with its Federally Qualified Health Center (FQHC), the Venice Family Clinic, and that UCLA clinics took patients from all walks of life. UCLA operated a Homeless Healthcare Collaborative with six mobile vans. Homeless patients were provided care from these vans, but UCLA also tried to set them up with care in a clinic or an FQHC. Even if there is a clinic in a certain area, there may be barriers for patients without transportation.

In response to a question by Regent Brooks, Ms. Spisso confirmed that the Venice Family Clinic served the Inglewood area.

Regent Brooks again underscored the lack of UCLA clinics in South Central Los Angeles. UCLA should consider geographical areas that need high-quality medical services. Ms. Spisso responded that UCLA emergency departments at the Westwood and Santa Monica hospitals served patients from all over Los Angeles. UCLA worked with the community, such as its partnership with the Martin Luther King, Jr. Community Hospital, where UCLA provided services. UCLA sought to work collaboratively with other safety net partners in the region, not come in and take over. UCLA always wished to learn about unmet needs in order to factor these into its plans and worked annually with the County of Los Angeles, when the County carries out its community needs assessment, to identify the highest priorities in Los Angeles. This was one reason for UCLA's $600 million investment to open a new psychiatric facility in the mid-Wilshire area and to provide services to patients with behavioral health emergencies, who have been identified as one of the most vulnerable populations in Los Angeles.

Staff Advisor Frías asked about the University's communication strategy as it sought to increase the number of employees who receive care at UC. Dr. Kane responded that UC Health facilities engaged in extensive advertising campaigns during the open enrollment period aimed at UC employees and the general public. This was an iterative process that also involved communication with students and faculty, and the approach to employees and students has evolved over the past 15 years. Dr. Rubin commented that UC Health was making substantial investments in its self-funded health plans and stressed UC's commitment to market and communicate to its employees. The UC medical centers were increasingly becoming community health systems. If UC Health did a better job of communicating and prioritizing access and convenience, he believed that UC employees would respond.

The meeting adjourned at 2:10 p.m.

Attest:

Secretary and Chief of Staff