
University of California Office of the President

UC HEALTH DIVISION
2017-2022 STRATEGIC PLAN
Updated February 2020

Introduction

The following is the strategic plan for the Division of UC Health in the Office of the President. Initially completed in December 2017, the plan was the culmination of work by UC staff over several months and included feedback collected from stakeholders. Chancellors, Medical Center CEOs, Deans of all UC Health professional schools, and others with whom we partner provided valuable input.

The planning team has re-convened each year to review and refine the strategic plan. This effort includes evaluation of progress on existing goals and strategies and assessment of key changes in the internal and external environments that might have impact on UC Health's strategy.

For the 2019 annual update, UC Health considered significant changes for the division and UCOP that are reflected in the revised strategic plan. Dr. Carrie L. Byington was appointed as the new Executive Vice President of UC Health on October 31, 2019. Working with campus leadership including Chancellors, CEOs, and Deans, the UC Health Division, and with the UCOP, UC Health has articulated core values and identified System-Wide goals. The strategic plan of the UC Health Division supports these values and goals.

Additionally, in January of 2020, President Napolitano communicated a strategic framework for UC Office of the President. It was drafted by UCOP's senior leadership team to guide all divisions in focusing their energy and resources on actions that will best position the University of California to achieve its academic, research and public service missions. This framework has been incorporated in the UC Health Strategic Plan.

This 2020 strategic plan outlines 13 goals to set the direction of the UC Health Division through 2022. Taken together, the UCOP strategic framework, our System-Wide goals, and the Division priorities reaffirm the UC Health Division Office as a means of connecting the now 19 health sciences schools, six health centers, ten student health centers, and the self-funded health plans of the University into a cohesive Health System that can act as a catalyst for change.

This plan serves as a guide to our office priorities that are aligned with and advance the agenda of the UC Health System for whom we work. We hope you will find the document helpful in understanding the UC Health Division's mission-driven commitment to UC, UC Health, and our stakeholders.

Table of Contents

2019 UC Health Division Strategic Planning Team	4
UC Health Organization	5
Strategic Plan Purpose	6
Strategic Planning Decision Drivers	7
UC Health Mission, Vision, and Values	15
UC Health Strategic Objectives and Division Goals	19
• UC Health Strategic Objectives	20
• UC Health Division Goal Snapshot	21
• UC Health Goal Summaries	22
Communication & Monitoring Plan	48
Appendix A: Goal Summary Components	51
Appendix B: Funding & FTE Summaries	53

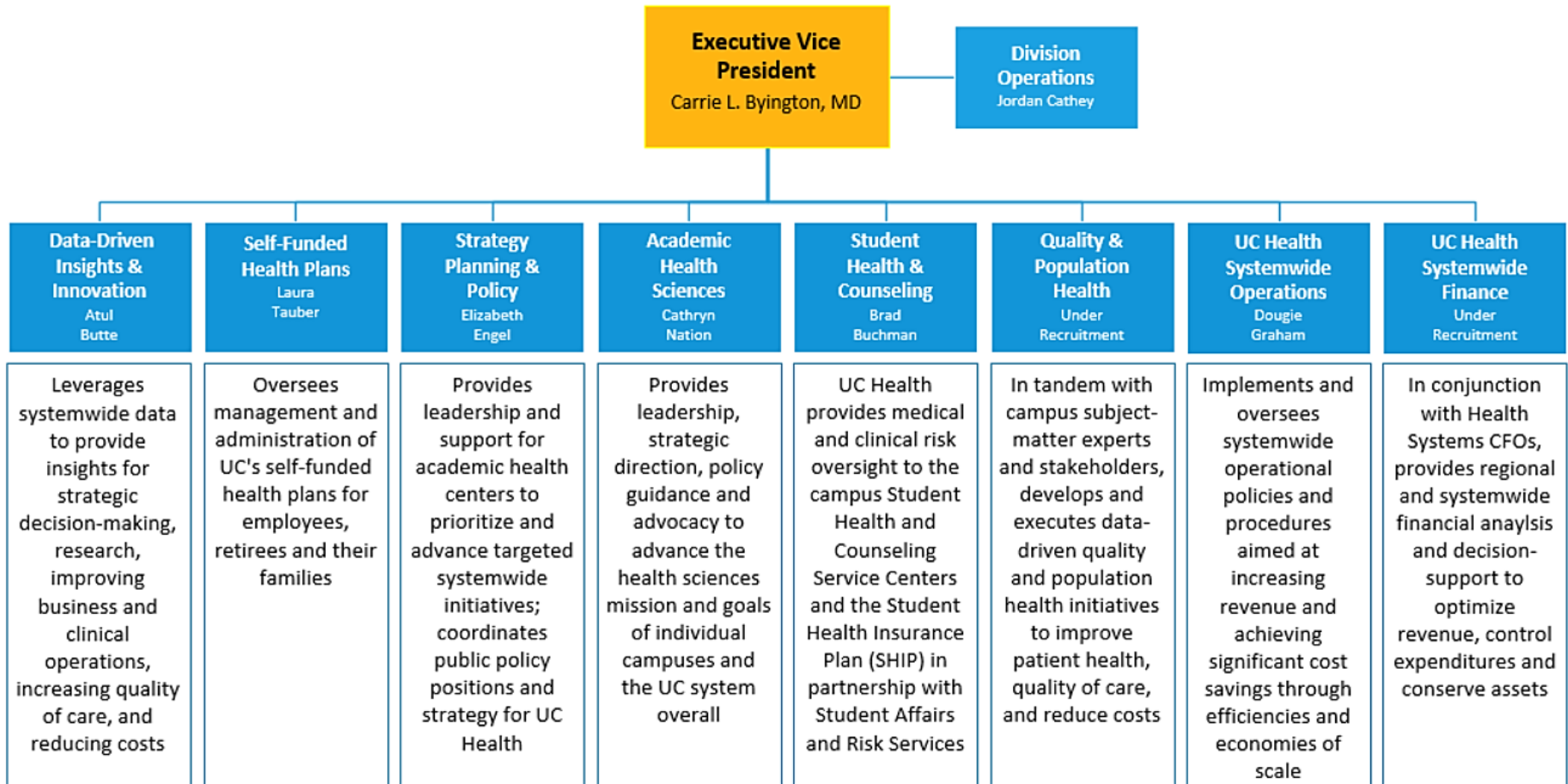
2019 UC Health Division Strategic Planning Team

The UC Health Division Strategic Plan was updated by the following individuals who met from December 2019 through January 2020.

NAME	DEPARTMENT	TITLE
Carrie L. Byington, MD	UC Health Immediate Office	Executive Vice President
Elizabeth Engel	Strategy, Planning & Policy	Chief Strategy Officer
Cathryn Nation, MD	Health Sciences	Vice President
Dougie Graham	UC Health System-Wide Operations	Chief Transformation Officer
Laura Tauber	Self-Funded Health Plans	Executive Director
Brad Buchman, MD	Student Health & Counseling	Chief Medical Officer– Student Health & Counseling
Jordan Cathey	Division Operations	Director of Operations
Juri Firth	UC Health Immediate Office	System-Wide Budget Analyst

Facilitator: Eileen Foster, Senior Strategy and Program Manager, UCOP Strategy & Program Management Office

UC Health Organization by Function



Strategic Plan Purpose

This strategic plan was developed to guide the UC Health Division (UC Health) in focusing its energy and resources on actions that will best position the University of California's health enterprise to achieve its academic, research and clinical care missions.

The strategic plan establishes a multi-year framework that allows the division to prioritize programs and resources, effectively communicate, and promote collaboration with key stakeholders within UC and across the state and nation. We recognize that the success of the academic, research, and clinical missions are inherently interdependent; a core theme within this plan is therefore to leverage the collective scientific acumen and learnings across the UC system to develop the clinical care of the future. That said, since research is largely within the purview of another department within UCOP, this plan focuses predominantly on UC Health's clinical and educational missions.

At the President's request, UC Health was the fifth division of the University of California, Office of the President (UCOP) to embark on a standardized strategic planning process. The UC Health plan is compatible in format and approach with those of the Chief Financial Officer, Chief Operating Officer, Agriculture and Natural Resources and Academic Affairs divisions.

Strategic Planning Decision Drivers

Strategic Planning Decision Drivers

The following decision factors were considered as the UC Health mission, vision, values, strategic objectives, and goals were developed:

1. The strategic framework for the UC Office of the President
2. The academic, research and clinical missions of the UC Health enterprise including the UC Health System-Wide goals which include our aspirations to:
 - Improve the health of all people living in California now and in the future
 - Promote health equity through the elimination of health disparities
 - Reduce barriers to access to our clinical, education, and research programs by creating more inclusive opportunities for employees, students and trainees
3. The key priorities of the Executive Vice President of UC Health
4. Market conditions:
 - Changing landscape of US healthcare including increasing likelihood of universal coverage, patient expectations for affordable and accessible health care, new care delivery and payment models, and technology
 - Changing demographics of California
 - Health imperatives including decreasing life expectancy, management of chronic conditions, drug prices, and crises such as the opioid epidemic, increasing mental health needs, and diseases related to climate change
5. The role of UC Health relative to the five academic medical centers and 19 health professional schools
6. Division strengths, weaknesses, opportunities, and threats (SWOT)
7. Input from UC Health academic and clinical stakeholders regarding specific service needs including data obtained during the December 2019 UC Health Leadership Retreat

Transition in Executive Leadership of UC Health

The initial 2017-2022 UC Health Strategic Plan was developed under the leadership of Executive Vice President (EVP) John Stobo. Upon his retirement, UC Health welcomed Carrie L. Byington as the new EVP for UC Health on October 31, 2019.

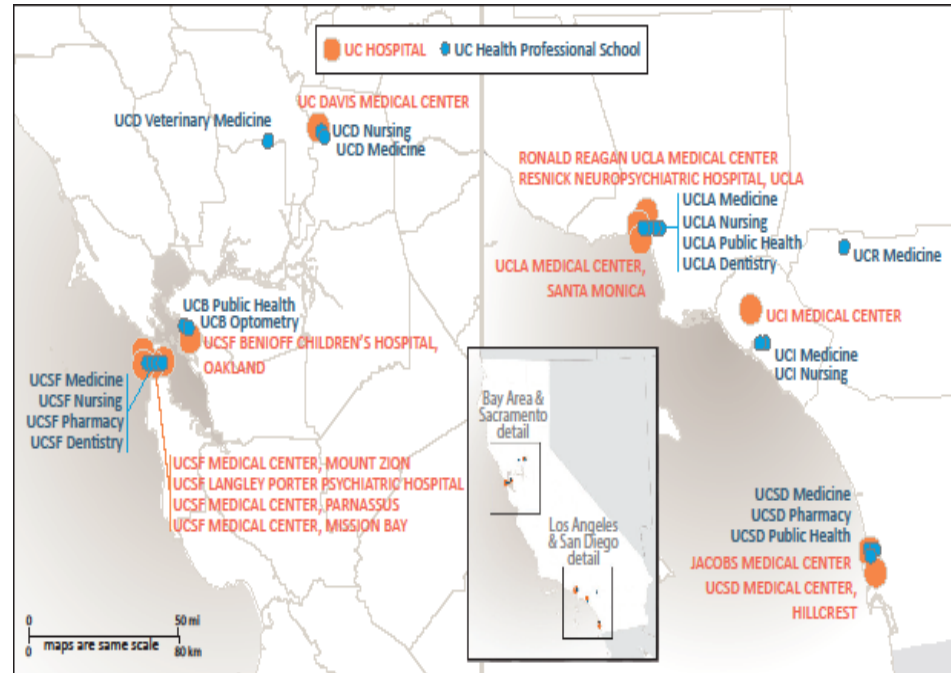
EVP Byington led the UC Health Leadership retreat and the annual review of the strategic plan in 2019. With the input of UC Health leadership and staff, ten key priorities for this upcoming calendar year (2020), were identified as critical for progress in her first year in the EVP role. The following priorities are reflected in the updated plan:

1. Define University of California Health and articulate our values and System-Wide goals
2. Develop a UC-branded health care strategy for campuses that have no academic health centers
3. Create a strategy team to address care collaboration, population health management and payment issues with both government and commercial payers
4. Support the health professional workforce needs of the state including addressing the priorities identified in the California Future Health Workforce Commission
5. Develop System-Wide programs that support diversity, inclusion, and leadership development in UC Health
6. Optimize UC Health benefits plans or programs to better meet the needs of UC employees and offer more employees the opportunity to receive care from UC Health
7. Develop the capacities of University of California Cancer Consortium and complete hire of a Director
8. Complete critical hires in Population Health, CDI2, and UC Health Division
9. Finalize policies and processes for UC Health on affiliations, conflict of interest, labor relations, and SVSH
10. Articulate the economic impact of UC Health to the UC System and State

Supporting a World-Class Health Care System

The UC Health strategic plan reflects our commitment to cultivating a solid and sustainable System-Wide model to maintain and enhance the University's world-class educational, research, and clinical health care system, including:

- The nation's largest health sciences instructional program
 - Nearly 15,000 students
 - 19 health professional schools on 7 campuses
 - Medicine
 - Nursing
 - Veterinary Medicine
 - Optometry
 - Dentistry
 - Pharmacy
 - Public Health
- Largest academic health system in the U.S.
 - 5 nationally ranked academic medical centers, including two in top 10: UCLA (#6), UCSF (#7)**
 - 12 hospitals
 - Over 9,000 faculty physicians
 - Over 10,000 nurses
- Health plans where UC is at financial risk covering over 300,000 employees, retirees, students and faculty



** U.S. News & World Report 2019-2020 Best Hospitals

Responding to a Changing Environment

Goals within the UC Health strategic plan were developed to address the current dynamic health care environment and the inherent challenges and opportunities for Academic Health Systems:

Healthcare Market Challenges and Opportunities

- There is increasing consolidation in the national and state healthcare market. Larger systems are competing successfully for increasing market share of commercially insured patients
- We have seen a rapid increase in Medi-Cal patients with the expansion of Medicaid in California. In FY 19-20, 41% of UC patients are covered by Medi-Cal and 30% by Medicare—our costs are not fully covered with these government payers
- There are ongoing federal threats to reimbursement (e.g., MFAR, 340b, DSH cuts; Medicaid caps and cuts), which would negatively impact our ability to care for the under-served in California
- We have an opportunity to build relationships in Sacramento and Washington DC and to advocate for policies that will support UC Health's mission to serve the Medicaid population and to contribute to the health of California and the nation
- At both the State and national level there is increasing commitment to driving towards universal health care. This effort will challenge all existing health systems. All payers are moving towards value-based payments as opposed to traditional fee for service
- Managing health of our population is vital to the transition occurring in health care. This model challenges the traditional approach of UC of treating individuals
- Data analytics have become a core tool to improve quality, manage the health of populations and reduce costs; advanced analytics are also core to much of today's groundbreaking medical research. UC has an opportunity to lead in this area through the Center for Data Driven Insights
- To succeed in the changing health care environment, academic health centers are forming systems – to achieve the scale necessary to provide services at a competitive cost. UC has an opportunity to excel as an Academic Health System with the earliest probability for success in the cancer realm

Health Workforce Challenges and Opportunities

- Health workforce shortages are expected to grow substantially in the years ahead, impacting access to care and health outcomes for Californians; exacerbated by maldistribution of providers in the State and unmet demand in certain sectors/practice types
- UC, with 19 health professional schools, has an opportunity to lead through programs that develop interprofessional teams. Interprofessional team-based care has been shown to decrease costs, improve patient satisfaction, and reduce morbidity and mortality through patient safety and error reduction, while improving overall healthcare worker satisfaction and professional relationships
- Underrepresented minorities comprise less than 14% of physicians, 17% of nurses, 12% of pharmacists, and 11% of dentists while they represent more than one-fourth of the US population. UC has a diverse undergraduate population. We can work across the education continuum to increase diversity and inclusion in the health professional schools, post-graduate training programs, and faculty

Responding To Campus Input

- Prior to commencing the strategic planning process, a needs survey was sent to 51 UC Health stakeholders eliciting:
 1. The top priorities their units will be focusing on over the next 3-5 years
 2. 3-5 things the office of UC Health could do to specifically help each unit advance those priorities (see most frequent campus requests on next page)
 - 27 people responded (53%) representing all 10 campuses
 - Health Sciences School Deans (13)
 - Chancellors (5)
 - Medical Center Chief Executive Officers (4)
 - Chief Medical Officers (2)
 - Chief Nursing Officers (2)
 - Chief Financial Officers (1)
- Draft goals were also sent to all deans and Medical Center CEOs plus a number of other key stakeholders for feedback prior to plan completion
- 12 of the 13 UC Health goals directly address one or more of the specific campus requests

Opportunities from Campus Pre-Survey

The following requests for possible UC Health support were those most frequently mentioned on the stakeholder survey. Each of these areas was addressed in one or more UC Health goals.

1. Facilitate Collaboration
 - Academic to Clinic/Medical Center Partnerships
 - Education Partnerships (across campuses/disciplines)
 - Multi-Campus Research Initiatives
2. Support System-Wide Buying and Contract Negotiations
 - Scale for Value
3. Share/Scale Best Practices
 - Convene
 - Benchmark, Publish, Distribute
 - Develop and Distribute System Dashboards
4. Advocacy
 - State & Federal Government
 - Philanthropic/Donors
 - UCOP
5. Leverage Data/Technology to Support Initiatives in Care
 - Health Data
 - Business Intelligence
 - Telemedicine
6. Growth of a Viable UC Employee Health Plan

Reflecting SWOT Analysis

In order to ensure the plan's responsiveness to current organization and environmental conditions, the following considerations were outlined through SWOT analysis (updated 2019):

Strengths

- Committed, mission driven workforce
- Staff collaboration/cohesion
- Expectation and drive for quality
- Collaboration with stakeholders
- Ability to identify, curate and share best practices
- Visibility into the entire health enterprise and data
- Powerful voice to influence the system, State and nation
- Inclusion in UC system leadership
- Reframed focus on public service mission
- Technological advances

Opportunities

- Philanthropy around cross-institutional goals
- UCOP and community health and wellness
- Potential through size and strength of UC Health
- Advocacy, build good-will
- Growing health care needs of population
- Strengthen organizational structure/processes
- Generate and diversify revenue
- Health Benefits portfolio deep dive
- UC Health Care Collaborative supports System-Wide priorities
- Strong reputation
- State and national political focus on health care
- Potential to develop a statewide health plan and provide UC health care on all campuses and in communities across the State
- Trust of the people we serve

Weaknesses

- Understaffed and have key leadership vacancies
- Organizational structure
- Some leadership and accountability issues
- Communication and transparency
- Collaboration within UC Health and with UCOP
- Reactive in targeted areas
- Processes and technology outdated
- Pay scales more restrictive at UCOP than at some campuses

Threats

- Erosion of State support
- Uncertainty of federal and State policies that impact the State and US health systems
- Silos; developing engagement with outside stakeholders
- UCOP culture/structure is restrictive
- Insufficient diversity of faculty and senior personnel
- Reputation for exclusivity/elitism
- Declining commercial and government payors
- Escalating cost of living in CA and competitive salaries
- Constraints on new construction projects

UC Health

Mission, Vision, and Values

UC Health Division Mission

Our Mission:

Together with the UC community, we provide leadership and strategic direction, foster System-Wide collaboration and catalyze innovation within the UC Health enterprise to better educate and train the inclusive workforce of tomorrow; discover life-changing treatments and cures; and deliver exceptional care that improves the health and well-being of all people living in California, the nation and the world.

UC Health Division Vision

Our Vision:

UC Health's collaborative approach is recognized as the foundation for building the pre-eminent data-driven learning healthcare system that improves the human condition

❖ Vivid Description:

The UC Health enterprise will be the pre-eminent educator, clinical care provider, and biomedical research organization in the world with students, faculty, and staff that reflect the rich diversity of our state. Our UC community will be proud to learn and work here and will choose to receive care within the UC enterprise - an environment which fosters compassion, inclusion, innovation, and excellence.

We will be a market leader in driving data analytics to inform health-related research and to improve patient outcomes and care. Our new health plan will be California employers' plan of choice. Our services will be easily accessible and we will consistently receive the highest quality and patient satisfaction ratings. Our professional schools will be recognized for effectively addressing health workforce shortages within the State.

UC Health will pride itself on being a world-class health care system whose total is greater than the sum of its parts. Our unified model will be replicated by other national healthcare organizations – our expertise and advice will be sought by health care leaders both within and outside the UC system. We will regularly be invited to keynote speaking engagements, to author papers, and to participate in case studies on the development and operation of an effective health care system. Our experts will participate in and influence all state and national healthcare policy debates.

As a result, we will exponentially improve the health and well-being of all people who live in California and beyond now and in the future; promoting health equity through the elimination of health disparities; and reducing barriers to access to our clinical, educational, and research programs. California will become the healthiest state in the nation.

UC Health Division Core Values

ACCOUNTABILITY

We are responsive to the public and our stakeholders' needs, follow through on our commitments, and take ownership for our decisions and actions.

EXCELLENCE

We adhere to the highest standards of professionalism, quality, and expertise. We strive to be leaders in our respective disciplines and to foster a system that delivers superior outcomes.

INTEGRITY

We set high ethical standards and lead by example. We act in a credible and trustworthy manner. We treat all people with dignity, respect, professionalism, and fairness.

COLLABORATION

We believe collective insight and action produces greater results than that of any individual or organization. We facilitate the exchange of information, expertise, and skills to optimize resources and generate the highest quality outcomes. We foster teamwork and, where appropriate, systemness.

INNOVATION

By establishing an environment which supports creative and diverse thinking, we consistently evaluate perspectives, re-define problems, and seek opportunities to identify, test, and implement new solutions that produce desired outcomes. We accept risk taking as an opportunity to learn.

MISSION DRIVEN

We are dedicated to and align our work with the University's commitment to education, research, and public service.

DIVERSITY & INCLUSION

We embrace diversity, equity, tolerance, and inclusion in all forms. We strive for a community that fosters an open, inclusive, and productive environment where we respect the potential of all individuals to make a positive contribution.



UC Health Strategic Objectives and Goals

UC Health Division Strategic Objectives

The following five strategic objectives are broad-based, long-term aims that will move UCOP towards actualizing its vision.

People	Attract, develop and retain diverse, highly productive, talented, and motivated people who exemplify our core values and thrive in a culture of equity and inclusion, public service, innovation, and change
Financial Stability	Ensure financial strength of the University's health related missions through sustainable and innovative financial models with efficient and effective financial management practices
Operational Excellence	Optimize delivery of programs and services through System-Wide implementation of best practices that promote efficiency, effectiveness, health, safety, confidence, and quality
Policy & Advocacy	Advance UC's mission by marshalling the institution's expertise and external partners to effectively advance public policy issues and communicate the value of UC to our stakeholders, California, and the world
Executing the Mission	Cultivate a System-Wide approach to optimize decision-making and to implement the highest quality health sciences education, research and clinical care toward the improvement of health for all Californians and beyond

UC Health Division Goal Snapshot

Strategic Objective	#	Owner	Goal Short Title
People	1	Nation	Advance Progress in Promoting Diversity & Inclusion
	2	Nation	Advance Interprofessional Health Sciences Education
	3	Tauber	Develop Health Benefits Portfolio Strategy
Financial Stability	4	Cathey	Improve System-Wide Financial Analysis
Operational Excellence	5	Graham	Drive Savings and Efficiencies Through Leveraging Scale for Value (LSfV)
	6	Engel	Create Quality / Population Health Management Function
	7	Butte	Establish Center to Leverage System-Wide Data
	8	Cathey	Strengthen UC Health Operations & Sustainability
	9	Buchman	Establish UC Student Health Partnerships
Policy & Advocacy	10	Engel	More Effectively Influence Public Policy as a System
Executing the Mission	11	Engel	Develop and Launch System-Wide Strategic Initiatives
	12	Nation	Develop System-Wide Enrollment Plan & Strategy
	13	Tauber	Lead Improved Access to Health Services for All Campuses

Goal: In an effort to improve diversity and campus climate, support innovative programs at each UC health professional school that will allow us to create new training opportunities for our students, increase access for patients, and lower student debt. Promote diversity and inclusion by convening Deans, Academic Affairs and GME leaders in the colleges of Medicine across the system and by working with stakeholders across the state. Develop and implement, through information sharing, innovative initiatives across the UC system by supporting all UC health professional students, faculty, residents/fellows, staff, and administrative leaders.

Opportunity:

Underrepresented minorities comprise less than 14% of physicians, 17% of registered nurses, 12% of pharmacists, and 11% of dentists while they represent more than one-fourth of the US population. California is home to the most diverse population in the nation, yet this diversity is not reflected in its health professions workforce. During the November 2016 meeting of all UC health sciences deans, diversity & inclusion was identified as a top priority. Many deans expressed interest in having UC Health convening the campus health diversity leaders as a strategy for advancing progress. The imperative for increasing diversity in health care has been well documented and frames the importance of these efforts as a means to increase access to care for underserved communities, reduce health disparities, shape a more inclusive research agenda, and enhance the cultural competence of providers. It also recognizes that unequal educational opportunities and other forms of exclusion and discrimination persist and must be addressed. Understanding measures of success that extend beyond compositional diversity, yet contribute to institutional excellence in UC's teaching, research, and service missions are becoming increasingly important for driving change using evidence-based, data-driven approaches for improving diversity and inclusion.

Proposed Solution:

Over the next 18 months, UC Health will convene the diversity leaders of UC health professional schools (which has not occurred before) through a series of at least three expertise-sharing forums on diversity-building themes to identify the most effective policies, practices, and/or assessments that improve campus climate, increase accountability, and create opportunities to share best practices across the system. UC Health will also work with Academic Affairs to link UC leaders through education, training, and professional development to create and maintain a supportive work and learning environment that attracts the best faculty, staff, clinicians, and students that are prepared to meet the future needs of the UC system, the health professions, and the broader society.

Benefits:

1. Increases the knowledge and expertise of UC health science leaders and staff working to advance diversity, inclusion, and community engagement
2. Strengthens the quality and effectiveness of diversity efforts; fosters accountability for monitoring climate and improvements
3. Supports investment in diversity and inclusion with evidence of its value to organizational performance
4. Builds a professional network of thought leaders and opportunities for greater collaboration/alignment among UC Health leaders of diversity, equity, and inclusion across the system.

Assumptions:

1. UC leadership will be engaged and available (time, information, and expertise).
2. Current and adequate data (UC/state/national) is available for each of the seven health professions.
3. Sufficient staffing and funding at UCOP and on campus will be available to support the effort to implement this goal.
4. Work on this goal is linked to the success of UC goal (7) for new enrollment plan, so that diversity is reflected in the UC enrollment strategy.

UCH Goal 1

Advance Progress in Promoting Diversity & Inclusion

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
1	In an effort to improve diversity and campus climate, support innovative programs at each UC health professional school that will allow us to create new training opportunities for our students, increase access for patients, and lower student debt. Promote diversity and inclusion by convening Deans, Academic Affairs and GME leaders in the colleges of Medicine across the system and by working with stakeholders across the state. Develop and implement, through information sharing, innovative initiatives across the UC system by supporting all UC health professional students, faculty, residents/fellows, staff, and administrative leaders.					
1a	By May 2018, appoint the UC Health Diversity & Inclusion Task Force; membership will consist of diversity leaders (identified by campus leaders) from each UC health professional school					
1b	Convene task force leadership meetings and education/training opportunities to share best practices for improving climate, equity, and inclusion to be underway and ongoing by December 2018					
1c	Seek agreement on a shared understanding of diversity as an essential driver of achieving excellence and on two metrics/indicators of campus climate and method of reporting identified no later than June 2020					
1d	Work with other Office of the President units (IRAP) to improve demographic data collection for health sciences students, residents, and faculty by June 2020					
1e	Publish a summary documenting System-Wide best practices that focus on pre-health students, professional students, residents, faculty, staff, and administrative leadership, with System-Wide recommendations/implementation strategies for improving diversity and inclusion by June 2020					
1f	Host the UC Diversity Pipeline Initiative and conference to promote academic careers among women of color students in UC Health schools by April 2021.					

Metrics and Targets:

1. Agendas, proceedings documents, and survey evaluations from meetings/forums to demonstrate action, satisfaction, and sharing of best practices
2. Availability of common metrics for climate across campuses
3. Accurate and accessible demographic data in UCOP's corporate database for UC Health students, residents, and faculty by December 2019
4. Conference evaluation feedback and alumni survey for the UC Diversity Pipeline Initiative
5. Increase in underrepresented minorities in the health sciences (faculty, administrative leaders, students) over data from 2016-17 by 2025

2019 Activity Update:

Key Accomplishments:

- Appointed the UC Health Diversity & Inclusion Task Force; membership consist of diversity leaders (identified by Deans) from each UC health professional school
- Held four meetings with Task Force and formed three subcommittees (nine subcommittee meetings). Presented at three Regents meetings in collaboration with Academic Affairs
- Held meetings with IRAP to improve demographic data collection for health sciences students, residents, and faculty
- Prepared report outline and preliminary set of Task Force recommendations

Roadblocks:

- UCDPI conference – discussions (including funding) with other OP departments and campus leadership will resume in 2020

People

Lead Department: AI/Nation

Goal: In partnership with campuses, facilitate discussion and information-sharing to leverage and advance health sciences professional education programs, and by March 2021, help campuses identify actionable, forward-looking goals that support campus-led partnerships to enhance interprofessional health sciences education across the system

Opportunity:

Collaboration among health professionals is essential for positive health outcomes. Effective interprofessional teams decrease costs, improve patient satisfaction, and reduce morbidity and mortality through patient safety and error reduction. According to the Institute of Medicine (IOM) report, *Crossing the Quality Chasm: A New Healthcare System for the 21st Century*, the best place to initiate such transformations in healthcare is in the education of its students. As the largest health sciences education and training system in the nation, UC is well positioned to utilize the breadth of top-tiered health education programs to develop new partnerships to expand interprofessional education (IPE), emphasizing collaborative, team-based care across the health sciences. Feedback from several health sciences deans (including dentistry, medicine, nursing, pharmacy, veterinary medicine) identified IPE as a top priority. UC has 18 health professional schools with some campuses focusing on interprofessional health sciences education. It is currently unclear, however, how IPE is organized and delivered at each campus.

Proposed Solution:

Over the course of the next 18 months, UC Health will work and coordinate with health sciences deans and faculty leaders to identify opportunities, priorities, obstacles, and goals for addressing applicable accreditation requirements and for enhancing IPE across UC health professional schools. As health sciences schools and campuses identify priorities and barriers, UC Health will compile an inventory of current programs and initiatives to provide desired benchmarking information. A workgroup of IPE experts will be convened and charged to provide recommendations for consideration by campus leadership, including an assessment of whether growth in IPE can be accommodated within existing resources, and examine joint responsibilities encompassing teaching and clinical care opportunities across the UC health system, with the potential to reach beyond the health sciences (e.g., business, computer science). Possible pilot programs will be identified and prioritized to meet current and emerging state/national health needs (e.g., opioid epidemic).

Benefits:

1. UC's health professional students will have increased access to an expanded range of educational resources, colleagues, and experiences
2. UC's health professional programs can better share cost of instruction and educational resources
3. UC's health professional students will be better prepared for team-based practice which has been shown to increase patient safety and satisfaction, reduce errors, and improve health workforce relationships across disciplines

Assumptions:

1. Assume health sciences leadership (across campuses and OP) will be interested, engaged and willing to commit time, information, and expertise.
2. Campus leadership willing to support and help guide changes to advance IPE
3. Sufficient staffing available at OP and campuses to support this effort
4. No policy limitations/barriers by accrediting organizations to share curriculum across disciplines

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
2	In partnership with campuses, facilitate discussion and information-sharing to leverage and advance health sciences professional education programs, and by March 2021, help campuses identify actionable, forward-looking goals that support campus-led partnerships to enhance interprofessional health sciences education across the system					
2a	By July 2020, in consultation with UC health science deans, appoint a workgroup to identify opportunities for development and expansion of IPE					
2b	By August 2020, schedule IPE workgroup calls and meetings (minimum of 5) through March 2021					
2c	By September 2020, convene first call/meeting of working group to participate in a System-Wide IPE workgroup to explore how future collaboration(s) should occur and next steps					
2d	By March 2021, finalize and distribute findings and recommendations for enhancing IPE across UC health science professional education programs					

Metrics and Targets:

1. Increase in IPE programs/initiatives across UC health professional schools (over baseline data from 2019-20) by Fall of 2025
2. Increase in student participation with interdisciplinary learning and patient care activities (over baseline data from 2019-20) by Fall of 2025

2019 Activity Update:

Accomplishments:

- Initial discussions with IPE experts (internal and external)

Roadblock:

- Staffing levels and other priority workload obligations

Goal: By end of 2022, under the leadership of the Executive Steering Committee on Health Benefits (ESC), develop and implement a go-forward strategy to offer innovative, differentiated, compelling, affordable, and comprehensive health plans with outstanding member experience while containing annual percentage growth to 4% or below

Opportunity:

The university has successfully maintained a wide range of health benefit offerings while covering more than eighty percent of the \$2.26 billion total cost of medical benefits for UC faculty, staff, and retirees during a period of dramatic increases in health care costs and constrained university budgets. Ongoing external cost increases and a changing employee and retiree demographic require proactively evaluating the UC portfolio while balancing the coverage needs and affordability for current and future employees and retirees at all income levels, the ability to differentiate from organizations with whom we compete for talent and ensuring we are leveraging the strength of UC's own health care system among other priorities.

Proposed Solution:

This goal will be the shared responsibility of the UC Health, COO, and CFO divisions which are represented on the ESC. A Health Benefits Advisory Committee (HBAC) comprised of System-Wide stakeholders has been tasked by the ESC to assess the current health benefits portfolio against stated ESC objectives. The HBAC's review will include the design of the benefits portfolio, employee contribution and risk adjustment, role of UC providers, improving access and other areas. The committee will develop a 3-5 year strategy with a set of recommendations and/or options based on data and analytics from market research, solutions at other institutions, and modelling impacts of changes in the analysis areas. The ESC will review the report and make recommendations to the President for consideration. Completion of this effort may result in new goals for UC Health, COO, and CFO divisions. UCOP health benefits teams will begin implementing desired changes in subsequent open enrollment periods.

Benefits:

1. Improved health benefits portfolio and member experience resulting in enhanced employee attraction and retention
2. Financial stability to the University – annual increases not to exceed 4%
3. Additional focus on employee well-being and health
4. Affordable options to all employees
5. Use and support of UC Health providers

Assumptions:

1. The research and analysis by consultant including peer benchmarking data is comprehensive and informative
2. Health Benefits Advisory Committee is able to complete its work by September 2020 and provide actionable recommendations and/or options
3. UC Health and UC System-Wide Human Resources operate with shared interests and objectives
4. New President is aligned to ESC recommendations

Goal 3 (Cross-Divisional)

Develop Health Benefits Portfolio Strategy

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23	23-24
3	By end of 2022, under the leadership of the Executive Steering Committee on Health Benefits (ESC), develop and implement a go-forward strategy to offer innovative, differentiated, compelling, affordable, and comprehensive health plans with outstanding member experience while containing annual percentage growth to 4% or below					
3a	Conduct research and analysis for opportunity areas including review of current offerings and benchmarking of similar institutions by August 2020					
3b	Complete report and develop options for the ESC to make decisions by October 2020					
3c	Gain Presidential agreement on recommendations by November 2020					
3d	Present findings to constituents and socialize potential changes by January 2021					
3e	Update member communications, websites, and tools to improve member experience by September 2021					
3f	Perform RFP and select partner, if necessary, to implement approved ESC changes by September 2021					
3g	Begin implementing changes for 2021 open enrollment and continue through open enrollment for 2022 and beyond depending on recommendations of HBAC					

Metrics and Targets:

1. Approved recommendations for the health benefits portfolio by the ESC and the President by fall 2020
2. Projected benefit increases stays within 4% budget increase cap
3. Maintain or improve affordability to lower income employees (*specific metric and target TBD*)
4. Improved employee engagement with health plans (*specific metric and target TBD*)
5. Achieved strategy defined by HBAC (*TBD*)

Additional Information:

This goal is shared between the COO, CFO, and UC Health and will be part of each division's strategic plan.

Goal: Develop the expertise and standardized infrastructure necessary to make accurate financial decisions and enhance regional and System-Wide financial analysis of the health systems to optimize revenue, control expenditures and conserve assets

Opportunity:

Presently, the only System-Wide data available to look at the financial performance of individual medical centers is the monthly financial report which UC Health Office compiles manually based on data submitted by receives from each medical center. The level of data currently collected does not allow precise “apples to apples” comparison of expense and revenue “buckets” among the medical centers. More importantly there is no “centralized” mechanism or resource dedicated to work with all the medical centers on issues like the impact of changes in payer mix, ways to maximize revenues or decrease expenses. Finally, there is no central approach to the financial underpinnings of regional or System-Wide issues such as recent strikes, access to capital, the impact of proposed transactions, or maximization of assets in general.

Proposed Solution:

The proposed solution is to build out the Finance function within UC Health, which is to start with recruiting and hiring a Director of Finance, who will reside in the UC Health Divisional Office, and who will work in coordination and collaboration with the CFOs and other leadership of the medical centers and health professional schools on the following core activities:

- Creation of automated financial reporting systems and dashboards
- Development of additional cost reduction strategies, in collaboration with existing UC Health functions already working toward improving value (LSfV), aggregating data (CDi2), and optimizing quality and patient experience (Quality Pop Health)
- Financial analysis and support for all major system-wide or multi-campus purchases, lease agreements and affiliations; establishment of financial criteria for, and assistance, decision support in the negotiation and implementation UC Health contracts, joint ventures and strategic alliances.
- Financial analysis and support for system-wide / regional strategic planning efforts -- including financial decision support in the identification and evaluation of new business ventures, affiliations and partnerships consistent with the UC Health short-and long-term strategic goals and objectives.
- Analysis of short and long term financial position of the UC academic health centers collectively, and development of recommendations regarding the on-going organization, integration and effectiveness of system-wide financial analyses.

Benefits:

1. Will ensure transparency and compliance for external and internal financial reporting requirements, including (in coordination with the UCOP Controller) the annual financial audit – and standardization of the financial reports so that they can be used comparatively to identify best practices and opportunities for improvement
2. Will help the entities within UC Health adapt to the new healthcare environment in response to changing payment models and value based reimbursement
3. Ability to better inform strategy development as well as affiliations and other transactions

Assumptions:

1. Standardized financial reports will be perceived as useful by medical center CEOs, CFOs and other leadership
2. More sophisticated and strategic financial analysis capabilities within the UC Health Division will facilitate regional and System-Wide collaboration and ultimately identify areas for increased efficiencies and reduced costs
3. UC Health can recruit a Director of Finance within the current fiscal year

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
4	Develop the expertise and standardized infrastructure necessary to make accurate financial decisions and enhance regional and System-Wide financial analysis of the health systems to optimize revenue, control expenditures and conserve assets					
4a	Hire Director of Finance by March 2020; hire decision support and financial analyst by May 2020					
4b	Implement first phase of UC Health system-wide financial data warehouse, which will standardize and automate the Medical Centers' monthly financial statements so that there can be an "apples to apples" comparison on revenues and expenses from medical center to medical center by June 2020					
4c	Using the financial data warehouse, the Director of Finance – working with the health system CFOs will develop a work plan by June 2020 to conduct System-Wide and/or regional analysis in support of the strategic goals and priorities of UC Health. Utilize findings from this System-Wide and regional analysis to repurpose current finance slides that are presented to Board of Regents					
4e	In collaboration with CFOs and financial data warehouse steering committee, develop a scope and work plan for phase 2 of financial data warehouse by Feb 2020					

Metrics and Targets:

1. More detailed and automated standardized financial reports will be used in all locations by 3/2020
2. The Finance team is an important resource in support of other strategic goals and UC Health teams (e.g. strategy, pop health LSFV) by 6/2020
3. Repurpose financial dashboard content that is presented to Regents that aligns with the strategic vision of UC Health's EVP

2019 Activity Update:

Under the oversight of the steering committee established last year and in collaboration with the UCSF IT team, the UC Health team has been advancing the initial phase of the System-Wide financial data warehouse project – to standardize and automate the monthly collection of financial data from the medical centers. Currently, monthly financial reporting is a highly manual process; each site's monthly financial data is stored in individual Excel files making trending data over time and other analytics very difficult. The establishment of the financial data warehouse will standardize the transmission of data into a UC-wide repository, and allow for the creation of activity and financial status reports with key health system indicators. The new tool also includes a dashboard that will allow targeted users to explore, compare and trend data. This first phase is targeted to go-live – for use by CFOs, controllers and the UC Health Division by June 2020.

Next Steps:

UC Health is actively recruiting for a Director of Finance to lead the work outlined under this goal -- including further development of the warehouse / financial analytical tools – and a plan to use this data strategically to inform various System-Wide activities. As with other senior positions, recruiting for this role was placed on hold pending the transition to a new EVP for UC Health. Recruitment is now in progress; search committee formed with various financial leaders across multiple UC locations, and initial interviews conducted as of December 2019.

Goal: Achieve at least \$500 million/year in value through cost reduction/revenue generation starting in FY21-22 through improved system operational effectiveness by implementing new Leveraging Scale for Value (LSfV) initiatives and a new organization/governance

Opportunity:

UC Health has had great success from its Leveraging Scale for Value (LSfV) program. There is an opportunity to expand the number and types of initiatives based on learnings to date that will greatly increase the value to UC Health in the form of additional cost savings and revenue enhancements.

Proposed Solution:

To date, LSfV initiatives have been led by key leaders throughout the UC Health system. There is an opportunity to institutionalize the program and expand it through centralized support structures and continued engagement and participation from key leaders of the Medical Centers. A governance structure will be created that is led by a key executive from one of the Medical Centers. Initiatives would have 3-5 year strategic plans supported by annual plans that are measureable with detailed project plans for execution. UC Health will commit to fund the staffing infrastructure consisting of analytical, project management and administrative staff required to support the initiatives. The entire LSfV program will become fully self-funded through savings and revenue generation realized through its initiatives and return additional value through cost savings or revenue generation back to the organization. Included in potential opportunities are insourcing of functions such as Reference Labs, Specialty Pharmacies, etc.

In addition, a major issue for UC Medical centers is the future of the workforce – having the right personnel for needed functions at the right time in order to best serve our patients. The core challenges include recruiting in an increasingly competitive market place; improving our relationships with represented employees on each campus; addressing significant year-over-year increase in costs; and increasing productivity as the broader health system moves more towards value-based care. As part of the LSfV initiative, we plan to examine how we can best address these and other workforce challenges from a System-Wide perspective, understanding that such an approach must complement and enhance campus-specific activities.

Benefits:

1. Greater value through cost savings and revenue generation by coordinating operations and services across the entire UC Health System
2. Greater engagement and cooperation between leaders of the individual medical centers and UC Health Leadership
3. Operational efficiencies, savings and revenue streams that are sustainable and ongoing

Assumptions:

1. LSfV Strategic Plan and Governance Structure will be approved by UC Health and Medical Center Leadership
2. Infrastructure as identified in the detailed Financial Plan will be implemented to support execution of initiatives
3. Each UC Health Medical Center commits to full participation in the LSfV Program including all initiatives

UCH Goal 5

Drive Savings and Efficiencies Through LSfV

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
5	Achieve at least \$500 million/year in value through cost reduction/revenue generation starting in FY21-22 through improved system operational effectiveness by implementing new Leveraging Scale for Value (LSfV) initiatives and a new organization/governance for LSfV					
5a	Create and approve new governance structure for LSfV by January 2018	<i>Complete</i>				
5b	Create detailed financial plan to include self funding mechanism, infrastructure/staffing requirements and all other expenses plus expected return to UC Health by March 2019	<i>Complete</i>				
5c	Create 3-year Strategic Plan for the overall LSfV Program (including multiple initiatives) by March 2020					
5d	Complete staffing infrastructure build by end of FY19-20					
5e	Develop and execute annual plans for each LSfV initiative to meet strategic goals and annual value targets set for the LSfV Program beginning in FY19-20					

Metrics and Targets:

1. Specific value targets for the LSfV Program will be set on an annual basis; minimum value target for FY21 – FY22 will be \$500M. Targets for Fiscal years prior will include a ramp to reach the \$500M target
 - o Each Initiative will have targets and metrics to include cost savings / revenue generation as well as infrastructure expense management and net value returned to UC Health that in aggregate will meet the Program Goals

2019 Activity Update:

Key Accomplishments:

1. This project saved \$182.5m in Fiscal Year (FY) 15, \$261m in FY16, \$286m in FY17, \$239m in FY18 and an estimated \$325 million in FY19 for a cumulative impact of more than \$1.3 billion over the 5-year life of the program.
2. Focus expanded by including Labor Productivity, Pharmacy, Laboratory and Capital Equipment
3. Governance structure was approved
 - Utilizing Supply Chain Governance for all of LSfV
 - Utilizing UC Health Operational team as Advisory Board
4. Chief Transformation Officer hired

Roadblocks:

1. Overall Hiring has been slow. Still many unfilled infrastructure roles.
2. Value is coming in slower than original plan, largely due to speed of hiring.
3. Year-over year, it gets harder to continue finding efficiencies, particularly in sourcing and contracting optimization

Goal: Advance value-based care delivery, improve patient outcomes, and reduce costs by providing leadership and support on the development and implementation of a data-driven system-wide quality and population health management function

Opportunity:

Each of the five medical centers and their respective faculty practices have different approaches and levels of ability to measure and improve quality, take risk and manage their patient populations to achieve positive outcomes while controlling cost. By comparing standards of care, outcomes and other data, our medical centers and health plans will be able to identify best practices within the system to make decisions about care management that will improve patients' health, prevent disease and injury before it occurs, lead to lower and more appropriate utilization and reduce cost, including by providing patients the right level of care in the most appropriate setting. Building upon the work of CHQI in the quality arena, additional clinical leadership and support is required in order to identify and implement effective system-wide approaches. With increasing pressure on providers' reimbursements and growth in number of patients with low paying Medicare and Medi-Cal, these efforts will be critical to continued financial success of the UC medical centers and UC as an employer taking on risk with its self-funded health plans.

Proposed Solution:

Create the organizational infrastructure (leadership, relevant expertise and project management) to enable UC providers and the UC self-funded health plans to develop and implement a data-driven quality and population health management strategy. Building upon the current population health working groups, the medical centers will each appoint, and UC Health will convene, subject matter experts (including from our nursing and public health schools) who will work closely with UC Health leadership to develop and execute quality and population health initiatives together. They will partner with the UC Health Managed Care Contracting team to develop successful execution strategies for existing and new at-risk arrangement with health plans. The existing Quality Dashboard will be expanded to be a useful reference tool for stakeholders System-Wide. Using our UC Health Data Warehouse, we propose to integrate and analyze the currently-disparate clinical and claims data sets to unlock the answers to achieving higher quality and lower cost; this effort will include leveraging appropriate expertise to develop robust analytics and reporting tools for the Health Data Warehouse. A key part of the quality / pop health management function will also be to support and ensure appropriate coordination among existing system-wide initiatives (e.g. telemedicine, CT Surgeons, Primary Care Collaborative). In the longer term, a key component of this initiative will be communication and coordination with researchers (e.g. via UC BRAID) and other campus experts and initiatives to align our work with a learning health system concept, including developing a strategic approach to research / evaluation and evaluation, translation, and workforce development.

Benefits:

1. Improved patient outcomes
2. Lower costs in the longer term, for our medical centers and health plans
3. Better ability to measure and influence the health of targeted populations, including improved prevention and, ultimately, consideration of environment / social determinants of health
4. Improved / appropriate patient access to care; higher patient / member satisfaction

Assumptions:

1. Development and staffing of the health data warehouse as detailed in Goal #9—all software analytic expense included in that goal
2. Buy-in from medical center leadership for this effort and active, sustained engagement among system-level subject-matter appointees
3. Funding – for initial limited consulting services, recruiting, positions in UC Health; being able to recruit CCO while UC Health leadership in transition
4. Head count – ability to hire initial 2-3 positions in UC Health
5. Medical Center working group participants assumed to already be employed and part of the cost structure

UCH Goal 6

Create Quality / Population Health Management Function

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
6	Advance value-based care delivery, improve patient outcomes, and reduce costs by providing leadership and support on the development and implementation of a data-driven system-wide quality and population health management function					
6a	By May 2020, hire a Chief Population Health Officer – a clinical leader, who will continue to build a small team made up of subject matter experts in quality and population health management by September 2020					
6b	In the near term (by April 2020), the existing team will work with the established steering committee, CEO sponsor, and other UC Health leadership to create a strategic framework; prioritize existing and new System-Wide initiatives (stemming from landscape assessment / retreat); and formalize a charter and governance for this function.					
6c	The Chief Population Health Officer and team will further develop the scope of this function, including working with the established steering committee to develop a detailed one-year strategic plan, as well as longer term goals, by December 2020.					
6d	Begin plan implementation by January 2021					

Metrics and Targets: *Note: Upon hiring of the CPHO, metrics will need to be revisited to align with this function’s strategic priorities and initiatives*

1. Medical Center Accountable Care Organizations within budgets by 2022
2. Reducing cost trend in UC provider services for UC employee PPO plans 1% per year
3. Meeting 90% of UC Health established quality metrics by the end of 2021, 95% by 2022

2019 Activity Update:

- Hired a Program Director and Analyst to initiate and drive the initial scope of work under the leadership of the Interim Population Health Management Advisor
- Created an initial governance and organization structure; incorporated disparate system-level population health efforts into a coordinated framework
- Established a productive collaboration for population health analytics and comparative dashboards with the CDI2 team
- Made significant progress on the CEO-approved initial scope of work:
 - UC Self-funded plans (UC Care) – Agreed upon 3 areas for intervention and target metrics; regularly convene 12 campus SMEs that developed action plans for 58 strategies across their sites, of which 27 have been implemented
 - Long Term Incentive Plan (“UC Way” for Diabetes and Hypertension care) – Completed Milestone #1 and are actively working on Milestone #2: to develop the “UC Way” for three diabetes care management protocols and target metrics by regularly convening 24 SMEs; initial interventions are under development for System-Wide implementation
 - Population Health Management Landscape Assessment: Conducted a System-Wide assessment; retreat held and areas for system-level improvement work were identified

Goal: Support research, inform and improve business and clinical operations, and generate efficiencies through economies of scale by establishing a new center within UC Health for system-level data-driven insights, innovation and transformation

Opportunity:

While there are robust analytics capabilities and activities at the campus level, we often don't have or use data-rich, system-level data to (i) provide insights locally; (ii) drive new insights across the system; (ii) help the professional schools and medical centers do what we are already doing better, faster, and cheaper; (iii) facilitate scientific research (iv) help us determine what initiatives to prioritize, accelerate, and (v) define where we do better as a system. We've also been looking at data largely from a siloed perspective. UC Health's use of data is ad hoc and inefficient; we use it to inform some projects and not others. And there is no repeatable business process to leverage data quickly and accurately. While we have established a clinical data warehouse, there is currently no devoted focus or resources; no clear strategy for system-level use; and no organized way to drive insights from the data into action. And while there is currently some analytics capability within UCOP with IRAP, current efforts and expertise are not geared towards the health / clinical context. And combining clinical and plan data with the structured financial data to be generated via Goal #4 will yield even more powerful insights to more efficiently drive medical center operations.

Proposed Solution:

Establish and staff a center within UC health to address these gaps and further develop our newly-established UC Health Data Warehouse. The Center would establish four main functions (i) building and maintaining technical infrastructure (ii) developing data analytics capabilities; (iii) data governance; and (iv) strategy and support / project management services to advance internal activities and collaborations with third parties. Notably, the data analytics and technical infrastructure – while supported by UC Health – would reside at the campus level, building upon the existing IT infrastructure and expertise in place for the clinical data warehouse. This center would convene and work closely with research thought leaders and subject matter experts and stakeholders on the campuses, including in our health professional schools and non-health departments. This center (and the UC Health Data warehouse) will inform and support several of the other goals in our strategic plan-- particularly, goals #5 #6, and #11.

Benefits:

1. Supports goal number 6 -- Identifying and sharing best clinical and operational practices to improve the quality and efficiency of care delivery, improve outcomes, and reduce cost
2. Generate efficiencies by eliminating the need for campus-level personnel and infrastructure (e.g. for mandatory reporting)
3. Inform strategic business planning, as well as planning in our professional schools, including for workforce and curriculum needs
4. Support research efforts, including multi-campus initiatives
5. Inform and support regulatory compliance efforts
6. Provide the leadership and project management support to facilitate innovative multi-campus projects and partnerships involving UC Health data

Assumptions:

1. Investments for infrastructure and staffing are approved by medical centers and UCOP
2. Each campus within UC Health commits to participating in data-driven initiatives – as outlined in the strategy for the center

UCH Goal 7

Establish Center to Leverage System-Wide Data

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
7	Support research, inform and improve business and clinical operations, and generate efficiencies through economies of scale by establishing a new center within UC Health for system-level data-driven insights, innovation and transformation starting in March 2018					
7a	Develop an initial high-level work plan to establish this Center, including functions, staffing needed, resources, and near-term goals and obtain buy-in from internal stakeholders by January 2018	<i>Complete</i>				
7b	Establish and convene system wide governing committee by April 2019	<i>Complete</i>				
7c	Produce First Annual Report of Center's Activity by April 2019	<i>Complete</i>				
7d	Hire Director of External Projects, Partnerships by April 2020; hire other Director positions by September 2020					
7e	Finalize bylaws for the system-wide Center Oversight Board (established April 2019); recruit additional members for unfilled slots by March 2020					
7f	Produce Second Annual Report of Center's Activity by April 2020					
7g	Working with Center Oversight Board, and with input from medical school deans and health system CEOs, finalize a detailed strategic plan for this calendar year and longer-term goals for the next 2 years by January 2020					
7f	Complete implementation of first phase of strategic plan by March 2021					

Metrics and Targets:

The detailed strategy will set targets for the center's initial initiatives that will include supporting the other functions in meeting clinical quality goals, improving patient outcomes and generating savings; the strategy will also include a focus on serving the data needs of the research community, the UC Cancer Consortium, and partnerships that generate revenue to support CDI2's future efforts.

2019 Activity Update:

The Center has made significant progress this year, including:

- Collecting and standardizing data (including our self-funded plans claims data) and developing and expanding the analytics infrastructure necessary to support various UC Health functions
- Executing on several targeted campus-wide initiatives, such as QPH (QIP, diabetes, UC Care) and LSFV projects, and expanding its project base to include initiatives such as Pharmacy Drug Transitions and All of Us (NIH)
- Supporting research efforts through launch of a Cohort Discovery Tool in October 2019 that provides dashboard tools to support grant submissions, feasibility studies, and enrollment potential for clinical trials
- Hiring a Chief Health Data Officer in August 2019 and a Program Manager in October 2019
- Releasing the President's Report on Health Data Governance in October 2019, and interim health data guidelines for ongoing review of requests for access to UC Health data
- Developing and presenting for review to the Center Oversight Board a proposed detailed strategic plan for the next year

Goal: To optimize operational effectiveness and drive achievement of our strategic planning goals, UC Health will improve internal delivery capabilities and explore innovative solutions to make the Division more sustainable

Opportunity:

Over the past 10+ years, UC Health has grown in evolutionary ways that have led to an opportunity for the creation of a more structured operational environment. In order to continue to successfully advance the effective execution of the goals in our strategic plan, it is imperative that UC Health position itself in a way that allows for structured projected growth and future sustainability. UC Health must optimize internal resources, develop standardized implementation of operational procedures and advance staff development and professional growth opportunities. In addition, UC Health will explore of methods for alternate sources of funding that can be used to advance the overall strategic mission of the Division.

Proposed Solution:

- Formalize methodologies for staff development and professional growth opportunities
- Establish internal working group and document standard operational procedures across the Division
- Determine sources of, and plan(s) for, capturing and optimizing alternative revenue sources to be used for advancement of Division strategic objectives. These revenue sources may be philanthropy, extramural grants, funding sources for strategic missions that fall outside of the Health Systems, or innovative models based on current LSfV programs

Benefits:

1. Standardize procedures for staff development opportunities
2. Staff and operations are better positioned to meet the delivery needs of the division
3. Financial sustainability of UC Health
4. Opportunity to improve collaboration, create efficiencies and operate more as a group advancing shared goals

Assumptions:

1. Internal working group dedicated to development of internal policies and procedures is convened and meets regularly
2. Funds secured outside of current funding mechanisms exist

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
8	To optimize operational effectiveness and drive achievement of our strategic planning goals, UC Health will improve internal delivery capabilities and explore innovative solutions to make the Division more sustainable					
8a	Formalize plans for staff development and professional growth opportunities by June 2020					
8b	Develop policies and procedures to standardize Division operations by June 2020					
8c	Work with stakeholders to determine sources of, and plan(s) for, capturing and optimizing alternative revenue sources to be used for advancement of Division strategic objectives June 2020					

Metrics and Targets:

1. By December 2020, develop at least three standardized procedures and processes for division-specific operations
2. By June 2021, determine process by which UC Health can receive philanthropic funding
3. By June 2021, consider pilot program (*to be run for at least one year* before any major decision to propose change to current funding models is considered) for the analysis of varying degrees of funds reallocation based on elements of cost savings and value added to the system (floor on funding should be implicit)
4. By June 2022, identify at least two sources of alternative funding
5. By December 2022, 100% of UCH employees will have participated in a division-approved professional development opportunity

2019 Activity Update:

- 8a. Discussions have begun regarding formalizing funds allocation pertaining to professional development
- 8b. Soliciting internal working group members in operational areas for which policies and procedures should be developed

Goal: Establish effective, initiative-based working partnerships between UC Health Academic Health Centers and Student Health and Counseling units by December 2021

Opportunity:

UC Health, Student Affairs, and Risk Services have developed excellent working relationships that support the quality, safety, and effectiveness of medical and mental health services provided to UC students. As the demand for these services has continued to escalate, it is clear that novel approaches to clinical care delivery must be identified to better meet the needs of UC students. A key untapped opportunity is the development high-level collaboration with UC Health's Academic Health Centers to better leverage UC Health's clinical, teaching, and research assets to improve the capacity, depth, and range of services available to UC students. UC Health's emphasis on a System-Wide commitment to develop and grow effective partnerships between its Academic Health Centers and Student Health and Counseling units will serve as the foundation to transform the Student Health and Counseling units into "learning laboratories". These enhanced care centers will provide highly accessible, high-quality care; a teaching setting that retains a student-centric approach to care; and a research environment that will enable the SHCs to evaluate the effectiveness of care models and the characteristics of UC's student population that predict health outcomes.

Proposed Solution:

Expanded partnerships between UC Health's Academic Health Centers (AHCs) and Student Health and Counseling (SHC) units will be created by identifying and engaging with leadership and evaluating potential areas for collaboration within clinical care, teaching, and research. A number of urgent initial priorities have been identified, including: 1) the need for the SHC centers to fully participate in UC Health's System-Wide response to Sexual Violence and Sexual Harassment concerns, 2) the upcoming provision of on-campus abortion by medication services to UC students as required by SB-24, California's recently passed legislation that will require this on all UC campuses, and 3) the provision of additional mental health services to UC students and campus communities at large. Initial planning meetings will facilitate conversation on current issues; clarify roles and responsibilities of UCOP and campus-based oversight units; and determine the scope, objectives, measurable outcomes, and the resource and data requirements and to successfully care initiatives and measure results of agreed-upon projects. Participants will present proposed action plans on identified concerns and status of outcomes to UCOP and campus leadership. In support of implementation and operationalizing projects, regular meetings will be held to assess progress on projects in development or underway; strategically meet emerging challenges and threats by reviewing and revising agreed-upon initiatives; and periodically assess leadership and constituent satisfaction with the oversight and guidance provided to these units and the student services these units provide. Throughout these processes, best practice sharing will be encouraged, with an opportunity to showcase progress and identify opportunities at biannual meetings.

Benefits:

1. Creation of high-level collaboration between UC AHCs and SHC units to increase the capacity, scope, and quality of care delivered to UC students; enhance student satisfaction with services received; and further the University's missions of clinical care, teaching, and research
2. Improvement in the financial stability of SHC operations through greater collaboration and implementation of project-based care initiatives. Establishment of SHC units as learning laboratories that yield increased teaching opportunities for UC Health's post-graduate medical training programs and SHC behavioral health training programs and provide a research environment where innovative care models and population health interventions can be identified, analyzed, and deployed

Assumptions:

1. The UC President, Executive Vice President of UC Health, and Provost will champion the development of collaborative partnerships between UC Health AHCs and SHC
2. The CEOs and CMOs of UC Health's AHCs will be responsible for their organizations' active participation in initiative-based collaborations, as will the Vice-Chancellors of Student Affairs and the leadership of the SHC units at each campus
3. UC Health and UCOP Student Affairs leadership will coordinate the effort, including establishment of key priority initiatives, group facilitation, sharing of best practices, and reporting functions
4. UC Health's AHCs and SHC will commit sufficient joint resources to achieve the goals set out by the collaborative partnership
5. Chancellors, VCPBs, VCSAs, Student Health and Counseling Directors, and other stakeholders will receive timely and effective project communications

UCH Goal 9

Establish UC Student Health Partnerships

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
9	Goal: Establish effective, initiative-based working partnerships between UC Health Academic Health Centers and Student Health & Counseling units by December 2021					
9a	UC Health presents this goal to the President, Provost, Chancellors, and other key UC Health leaders as a transformational first step in integrating resources, personnel, and expertise of SHCs and SHCs within the UC system to enhance services for UC students by February 2020					
9b	EVP and CMO, Student Health and Counseling introduce plan for System-Wide adoption of this goal by AHC leadership group, UCOP and campus-based Student Affairs leadership, and SHC center leadership group by February 2020					
9c	EVP and CMO, Student Health and Counseling review initial high-priority initiatives, the timeline for accomplishing deliverables, and the plan for periodic progress updates at AHC CMO/CEO and SHC calls by March 2020					
9d	Develop implementation timelines for System-Wide UC Health SVSH policy changes and campus-based Abortion by Medication services to UC students by April 2020					
9e	AHC CEO/CMOs submit list of designated AHC departmental leads and develop campus-specific implementation plans for new mental health service provision to SHCs by December 2021					

Metrics and Targets:

1. Begin implementation of UC Health System-Wide SVSH policy changes at all campus-based SHC centers by identified deadlines by February 2020
2. Implement abortion by medication services at majority of campuses by Fall 2020 academic term
3. Augment behavioral health services at five or more SHC centers by Fall 2021 academic term

2019 Activity Update:

- Presented Joint Oversight /Representation Model between UC Health, Student Affairs, and Risk Services to Council of VCSAs, Academic Senate HCTF, and UC Regents
- Engaged with Student Affairs, facilitated collaboration between Student Affairs and UC Health, and produced multiple joint presentations to Student Mental Health Oversight Committee, UC Student Association, Grad Student Association, UC Regents Public Engagement and Development Committee, UC Regents Health Services Committee, CA Legislature, etc.
- Academic Affairs reorganization around student mental health resulted in the posting of new position of Director, Student Mental Health and Wellness, as of December 2019. A multidisciplinary search committee has been created and will launch recruitment in January 2020
- Weekly conference calls with Student Health Services (SHS) and Counseling and Psychological Services (CAPS) Directors' group chairs
- Weekly Mental Health calls with UCOP Student Affairs Mental Health/Community Health Program Manager, CAPS Directors' Chair, and UC Health System-Wide Mental Health Data Analyst
- Monthly calls with SHS/CAPS Directors' group
- Periodic meetings with campus VCSAs and other constituents as needed

Goal: Engage proactively and strategically regarding important health-related legislative and regulatory activity, and systematically inform the campuses of pending activity and engage them in development of policy positions via a public policy function to be established within UC Health by July 2019

Opportunity:

Currently, UC Health has substantive expertise and engages actively on a discrete set of policy issues impacting the health sciences, but there is not a dedicated policy function to analyze and engage in the broad array of legislative and regulatory issues that impact UC Health. UC has only a single lobbyist in DC and Sacramento devoted to health issues. Government Relations staff at the campus level do not have expertise on health issues, and the existing policy team at UCOP, IMPAC, specifically does not handle health issues. Due to resource and staffing limitations, our approach is generally to react to threats on priority issues without the ability to engage proactively and strategically. UC tends to rely heavily on trade associations, which are important but should not be a substitute for our own policy development and strategy. At best, this approach means that we are missing opportunities to shape policies in our favor; at worst, this means that our campuses are sometimes not even informed of evolving policies that can impact their operations and finances. We have also not developed relationships with many of the key federal and state policymakers and regulators with jurisdiction over our activities; accordingly, we do not have many allies to turn to when problems arise. Without resources to effectively coordinate our efforts, we also have campuses approaching policymakers with inconsistent messaging and competing positions. In addition, our approach to addressing attacks is often ad hoc and reactive – versus coordinated and proactive; (e.g. there is a longstanding negative narrative in Sacramento that UC does not adequately serve the Medicaid population; we have not effectively combatted this narrative). Notably, other academic health centers and other health organizations of comparable size and influence have much more robust policy operations.

Proposed Solution:

Develop and institutionalize a public policy function (similar to IMPAC) for UC Health that will collaborate with state and federal government relations to (i) identify threats and opportunities to inform our business operations and strategy; (ii) analyze proposed regulations and legislation and coordinate the development of system-level positions; (iii) develop and implement processes to share information with appropriate internal audiences and seek their input (currently this is done on an ad-hoc, reactive basis when we are faced with threats); (iv) develop plans for government relations to strategically and proactively engage with policymakers and influentials, including in coordination with partners institutions, trade associations, as well as UC's own subject matter experts.

Benefits:

1. Supports UC Health's playing a leadership role in ongoing discussions at the state and federal level regarding health reform and other relevant issues
2. Paves a path to further our mission and business priorities; working as a system offers greater leverage, prominence, impact
3. Establishes / deepens relationships with policymakers and influentials to call on in times of need
4. Helps avoid inconsistent messaging / positions that undermine our credibility and effectiveness
5. Facilitates better communication and coordination among the medical centers and health professional schools

Assumptions:

1. Funding and headcount for additional staff is approved by medical centers and UCOP
2. SGR, FGR, UCOP and medical center leadership agree that health legislative / regulatory strategy and policy analysis should be driven at the system level

UCH Goal 10

More Effectively Influence Public Policy as a System

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
10	Engage proactively and strategically regarding important health-related legislative and regulatory activity, and systematically inform the campuses of pending activity and engage them in development of policy positions via a public policy function to be established within UC Health by December of 2021					
10a	Develop and obtain buy-in from internal stakeholders on a plan to establish a policy function, including its scope of activities, staffing, and needed resources by January 2019	COMPLETE				
10b	Hire / appoint individuals to serve in leadership positions and supporting roles by June 2020 (State and Head of Health Policy) and July 2022 (federal)					
10c	In partnership with Government Relations, campus stakeholders and leadership, develop by February 2020 key policy priorities and near-term goals for the remainder of the calendar year.					
10d	In partnership with campus stakeholders and leadership, develop a strategic plan for 2021 by December 2020, with a focus on state-level engagement, as well as issues that cross federal and state (e.g. health / payment reform, Medi-Cal)					
10e	Implement the plan during the course of 2020; revisit process annually, and revise as discrete issues arise and evolve.					
10f	In partnership with campus stakeholders and leadership, develop a strategic plan for more robust engagement at the federal level by December 2022; incorporate into annual planning process going forward.					

Metrics and Targets:

1. TBD: the initial strategy will identify specific near and long term policy goals
2. TBD: the initial strategy will also include targets regarding the engagement of policymakers, regulators and advocates

2019 Activity Update:

- We hired a Director of State Health Policy in January 2019 and anticipate hiring a Head of Health Policy and a Policy Analyst in 2020
- With a new Director of State Health Policy on board, we established a system for categorizing and tracking legislation and obtaining health policy expertise from stakeholders across UC campuses
- We developed issue-specific working groups to allow for ongoing communications with experts on the campuses as legislative and policy issues arise and evolve
- We identified and prioritized priority policy issues for UC Health and convene regularly with regulatory counsel and State and federal government relations to discuss strategy tactics as the debates on these issues progress. Much of our team’s time these past months has been consumed by several core issues that could have considerable impact on our health systems: pharmacy benefit legislation and regulation at the State and federal level; proposals to curb “surprise billing” that also include rate setting provisions for hospitals; and the proposed State Constitutional Amendment (ACA 14) to limit UC’s ability to enter into contract labor agreements for support services
- Moving forward, we will continue to develop processes and infrastructure to allow us to communicate systematically with key stakeholders across our academic health centers and influence with policymakers

Goal: To inform and enhance strategic decision making and avoid conflicting and/or redundant efforts, UC Health will provide leadership and support for campuses to collectively prioritize and advance targeted System-Wide and regional initiatives

Opportunity:

While the goals in the UC Health strategic plan seek to foster System-Wide collaboration, including integration between the clinical enterprise and health professional schools, there are many activities that do not fall under these goals. Our various efforts to achieve “systemness” are often not coordinated and integrated. Although UC Health has implemented several successful system-level initiatives, our work is often led by individuals working in silos, and decisions to undertake new projects and initiatives are sometimes ad hoc. Strategic decisions regarding large-scale contracting, affiliations, and other clinical and operational initiatives are often made at the campus level without consideration of the advantages that might ensue from a multi-campus approach. There is a need for more proactive System-Wide strategic decision-making to promote ongoing coordination, integration and more effective use of limited resources.

Proposed Solution:

Establish a coordinated, resourced mechanism to examine the full UC Health landscape (including existing initiatives) to identify and evaluate new opportunities; spot and remedy inconsistencies and redundancies; and drive and facilitate coordination among the campuses to prioritize activities and take action. A devoted strategic planning function (including market analysis, business development and project management capabilities) will enable UC Health to support the health sciences campuses in aligning with each other, and in advancing mutually-agreed-upon regional and system-wide initiatives and transactions – and in particular to advance initiatives where a multi-campus approach is necessary or beneficial. Convening and coordinating with campus leadership, UC Health will seek to reach consensus on areas of future collaboration, and to support execution of agreed-upon projects and transactions, including opportunities to improve synergies between the clinical enterprise and health professional schools.

Benefits:

1. System-wide decisions will take into account the needs of all constituencies and existing undertakings – leading to optimal partnerships and initiatives that will drive greater operational efficiencies and maximize value derived from our efforts and resources
2. Leverage size, expertise and reputation of multiple medical centers for clinical excellence, lower cost of care, improved patient access, and marketing power
3. Avoid duplicative and inconsistent efforts and competition among medical centers; obtain more favorable contract terms

Assumptions:

1. Buy-in from and engagement by medical center leadership for this effort
2. Cooperation by Chief Strategy Officers and other relevant campus-level leaders and stakeholders
3. Funding – for positions in UC health to carry out this function; funding for third-party facilitator for Spring retreat
4. Head count – ability to hire 2-3 positions in UC Health

UCH Goal 11

Develop and Launch System-Wide Strategic Initiatives

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
11	To inform and enhance strategic decision making and avoid conflicting and/or redundant efforts, UC Health will provide leadership and support for campuses to collectively prioritize and advance targeted System-Wide and regional initiatives					
11a	Define UC Health as a system, including articulating and disseminating System-Wide values and goals by the first quarter of 2020					
11b	Appoint leadership and continue to secure project management support to advance already-identified initiatives not included in strategic planning goals (e.g., Cancer Consortium, telehealth, payor strategy; expanding access to UC for underserved populations, building capacity to provide mental health services) by April 2020					
11c	In the first quarter of 2019, engage a skilled facilitator to lead a detailed conversation with campus leadership at a spring retreat to determine system-wide and regional priorities, including, e.g., for clinical integration; growth, partnerships and affiliations; improving payor mix; collaborating re innovation / disruptive technology and actors; addressing multi-campus research initiatives; and branding	<i>Complete</i>				
11d	Assemble a team with the necessary business and operational capabilities (including clinical market analyses, business development and project management capabilities) by June 2020					
11e	In the Summer of 2020, engage a skilled facilitator to build upon the discussion from the December 2019 retreat and to drive and support a System-Wide strategic planning process to commence at the December 2020 leadership retreat					
11f	Convene regular discussions with stakeholders on campuses to revisit priorities and identify new ones; strategic plan to be revisited and updated annually					

Metrics and Targets:

1. Initial analysis / output from December 2019 used to inform / guide UC Health Division goals set by EVP for calendar year 2020
2. Strategic plan completed and being used to guide decisions, actions, and resource allocation beginning January 2022
3. Ongoing mechanisms put in place to identify, vet and prioritize future activities and investment by December 2021

2019 Activity Update:

Since refreshing our strategic plan, work has focused on establishing and incubating several of the new functions outlined in the Plan, including our Center for Data-Driven Insights and Innovation (CDI2) and a Quality and Population Health Management Function. We are also positioning ourselves in a highly competitive market in the cancer space. To this end, we secured project management support and engaged a consultant to facilitate development of an initial set of high-level goals and strategies for our five-NCI-designated cancer centers to better serve the patients of California and compete more effectively as a system and/or regionally. This work has included a landscape assessment followed by facilitated retreat among medical center and cancer center leadership, and has produced a set of recommendations initial recommendations. As discussed at the recent UC Health Leadership Retreat, there is a desire to consider collectively the envisioned future of UC Health. In the coming year, the UC Health leadership retreat will focus on further developing this vision for the future and further development of System-Wide initiatives will follow.

Goal: Improve alignment of the future size and scope of UC health sciences programs with state workforce/emerging health needs by developing a new System-Wide health professions enrollment plan and strategy by December 2020

Opportunity:

California's population is growing, aging, and increasing in diversity. Health workforce shortages currently exist statewide and are expected to grow substantially in the years ahead, impacting access to care and health outcomes statewide. It has been a decade since UC developed a comprehensive System-Wide health sciences enrollment plan. This prior plan provided the System-Wide rationale that helped pave the way for three new health sciences schools at UC and that helped garner millions of dollars in philanthropic support. Since then, California demographics have changed, and state fiscal challenges have affected UC's ability to increase enrollments as recommended a decade ago. It is time to re-assess UC priorities, better align them with future workforce needs (including capacity of our workforce to address current and emerging needs like mental health and substance abuse), and develop actionable recommendations and strategies for implementing enrollment increases in those professions where there is a rationale for growth.

Proposed Solution:

UC Health will convene the deans of UC's health professional schools operating educational programs in seven major professions (dentistry, nursing, medicine, optometry, pharmacy, public health, veterinary medicine) to collaborate on this effort (that will require one additional FTE in 2019-20) that will include review of current and projected state workforce needs (including diversity) in these professions. Based upon findings, UC Health will work with UCOP colleagues involved in enrollment planning and health science deans to assess interest in growth (in alignment with UC-wide plans for enrollment management), and to determine whether growth can be accommodated within existing infrastructure. The desired outcome moves beyond a UC enrollment plan, to the development of a UC health sciences enrollment strategy by profession and campus (to 2030) that considers types of future health care teams needed, with growth contingent upon adequate resource support.

Benefits:

1. Identification of actionable steps/strategies for how enrollment growth in UC's 18 health professional schools should occur
2. Convening of deans to collaborate across health professional schools and creation of opportunity for new and innovative programs
3. Increased clarity to philanthropic organizations regarding contribution opportunities within UC

Assumptions:

1. All UC leadership will be engaged and available (time, information, and expertise)
2. Current and adequate workforce data (UC/state/national) is available for each of the seven health professions
3. Sufficient staffing and funding exists to support this planning effort (including additional staff FTE for 14 months)
4. Resources will be provided to fully implement strategies to achieve enrollment growth as outlined in plans
5. Work on this goal is linked to the success of the UC Health goal regarding diversity and inclusion, so that new enrollment growth better reflects the diversity needs of the state
6. Growth proposed in the health sciences is aligned with UC-wide plans for enrollment management (i.e., growth may not be possible if a campus is already at its maximum enrollment allowed. Additional growth would require adjustment of other student populations).

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
12	Improve alignment of the future size and scope of UC health sciences programs with state workforce /emerging health needs by developing a new System-Wide health professions enrollment plan and strategy by December 2020					
12a	By February 2018, compile baseline (2016-17) and current (2017-18) student enrollment data for each school, by type of health professional degree	Completed				
12b	Secure approval/funding to hire 1 contract FTE by March 2019 (estimated need is at least 14 months)					
12c	Align this effort with work of the CA Future Health Workforce Commission, co-chaired by UC President Napolitano, by March 2019					
12d	Consult with UC health sciences deans to determine which existing schools have the interest and capacity for growth by May 2020					
12e	Review/document current state/national health sciences educational supply, and projected areas of workforce need by 2030 for the seven major health professions where UC operates health sciences schools by May 2020					
12f	Prepare draft recommendations of actionable strategies regarding proposed enrollment increases to UC health sciences deans (including coordination with OP budget as needed) by August 2020					
12g	Facilitate ongoing discussions with OP and campus leaders and finalize plan/strategy by December 2020					

Metrics and Targets:

1. UC health professional schools utilize strategies identified in new System-Wide enrollment plan to inform enrollment decisions by Fall 2021
2. Evidence of increased UC enrollments in identified areas of state health workforce needs (over UC baseline 2016-17 levels) by Fall 2022

2019 Activity Update:

Key accomplishments:

- Secured approval for funding and executed a signed Memorandum of Agreement between UC Health and Healthforce Center at UCSF
- Reviewed the 2019 final report of the California Future Health Workforce Commission (co-chaired by UC President Napolitano) to determine preliminary recommendations for health professions with a rationale for future UC enrollment increases
- Developed draft summary briefs on the current state/national educational supply and future workforce needs in the seven major health professions where UC operates health sciences schools (medicine, nursing, pharmacy, veterinary medicine, dentistry, public health and optometry); slated for completion by March 2020

Roadblocks:

- Longer than anticipated timing needed to secure Division approval for financial resources to begin Key Strategy 8.E delayed progress
- Scope of work itself and the iterative review process with Healthforce Center at UCSF on seven separate documents required more time and effort than initially planned

**Executing the
Mission**

Lead Department: SFHP/Tauber

Goal: Lead System-Wide improvements at all campuses for broader access to UC physical and behavioral health providers using all modalities available, including telemedicine, by December 2022

Opportunity:

Only six of the ten UC campuses have UC providers associated with them and even on those campuses, there are employees who have trouble getting timely appointments with providers that are close to where they live or work. At the non-medical center campuses, there are issues with community provided access to medical professionals and facilities; in particular, most parts of California do not have enough behavioral health providers. UC Health can work as a system to improve access in all of these communities (and beyond) with creative and innovative approaches. We should be able to leverage existing assets on the campuses, including the student health centers. It can also provide a teaching and research opportunity and serve the mission.

Proposed Solution:

Convene representatives from all the campuses to discuss what the specific issues are by geography and how the system can work together to best solve these problems collectively. Support development of telehealth. Apply other modalities and leverage technology to expand UC reach for health services. Look to expand hours of operations and improve efficiencies to better utilize existing infrastructure. Create preferred network of ancillary providers and community based services that can be connected to the UC EMR for seamless member/patient experience. Pilot a new health facility to serve faculty, students and staff by 2022 at one campus—likely to be Merced. Possibly open the clinic to the surrounding community to help provide access. Learn from this first experience to expand UC health services to all campuses. Support UCLA's effort to open clinics in Santa Barbara

Benefits:

1. All UC employees provided the benefit of UC quality provided health services
2. Member/patient satisfaction improved through lower wait times and closer proximity
3. Supports UC Health mission to improve the health of all Californians by improving access to all types of providers by serving our campuses and surrounding communities
4. Improves the recruitment and retention of faculty and staff
5. Provides stability in health care services to campus community

Assumptions:

1. Agreement across UC Health enterprises to support this goal
2. Funding will be available and recouped over time through revenues generated by providing services
3. Providers can be recruited to work in under-served areas

#	Goal/Key Strategies & Timeline	17-18	18-19	19-20	20-21	21-22
13	Lead System-Wide improvements at all campuses for broader access to physical and behavioral health using all modalities available, including telemedicine.					
13a	Leverage campus expertise in clinical strategy to develop the methodology to size local clinics, determine locations and services and produce cost estimates by December 2020					
13b	Hire staff and develop infrastructure to build/expand UC clinic locations by December 2020					
13c	Create a new UC health service resource/facility serving UC Merced faculty, students and staff by December 2022					
13d	Continue work to create clinics at UC Santa Barbara with UCLA Health by December 2022					
13e	Begin work to create clinics at UC Santa Cruz by December 2022					
13f	Develop business plans and build a funding mechanism to support establishment of start-up clinics by December 2022					

Metrics and Targets:

1. Clinic open in Merced by December 2022
2. Business plan and funding model for UCSB clinic by December 2022
3. Business plan and funding model for UCSC clinic by December 2023

2019 Activity Update:

- New goal with no activity to report

Communication & Monitoring Plan

Communication Plan

Stakeholder Communication

- The EVP will present an overview of the refreshed UC Health Strategic Plan and budget to the following stakeholders:
 - 1/31/20 – UC Health System CEOs
 - 2/03/20 – UC President
 - 2/05/20 – UC Chancellors
 - 2/12/20 – UC Regents Health Services Committee
 - 2/20/20 – UC Executive Budget Committee
 - March or May Meeting (TBD) – UC Board of Regents

- The Strategic Plan will be posted on the UC Health website

UC Health Staff Communication

- The updated Strategic Plan will be reviewed at the monthly division all-staff meeting in February 2020

Monitoring Plan

Progress on the goals within the UC Health Division Strategic Plan will be monitored as follows:

- Progress will be reviewed by the UC Health Division leadership team on a quarterly basis starting in April 2020
- Progress updates will be provided twice annually to the chancellors, health system CEOs, and health professional school deans
- Progress updates will be provided annually to the President, the Health Services Committee, and the Executive Budget Committee, or more frequently, if/as requested
- The Strategic Planning Team will convene annually to review progress and update the Plan

Appendix A: Goal Summary Components

Goal Summary Components

Each goal within the plan has a corresponding 3-page summary that outlines the following:

COMPONENT	DEFINITION
Lead Department/Owner	Lists department and person who will be accountable for progress on this goal
Goal Statement	Specific, quantifiable, realistic targets that will move the division towards accomplishing a strategic objective over a specified period of time
Opportunity	Describes the problem/purpose/motivation behind achieving the goal
Proposed Solution	Defines scope and objectives
Benefits	Outlines the benefits that will be derived from achieving this goal
Key Strategies	Key activities/steps required to achieve the goal
Assumptions	Defines processes/events that must happen/ “go right” (usually outside the department’s direct control) in order for this goal to be successfully achieved
Metrics & Targets	Outlines how success will be measured with associated desired targets
Financials	<i>(NOTE: Detailed financial pages for individual goals are omitted from this version)</i>

Appendix B: Health Systems Funding & FTE Summaries

Health Systems Annual Goal Funding

		FY18-19 Actual	FY19-20 Budget	FY20-21 Proposed Budget	FY21-22 Projection
ESTIMATED AGGREGATED HEALTH SYSTEMS COSTS FOR STRATEGIC PLAN GOALS					
Goal #	Goal Topic				
4	Improve System-Wide Financial Analysis	360,000	823,326	996,734	1,207,840
5	Drive Savings & Efficiencies Through LSfV	3,323,796	6,769,034	7,091,010	8,017,091
6	Create Quality / Pop Health Management Function	423,981	2,622,059	2,439,154	3,098,958
7	Establish Center to Leverage System-Wide Data	3,319,295	5,929,989	6,969,007	8,300,722
10	More Effectively Influence Public Policy as a System	124,710	725,220	779,383	1,206,649
11	Develop and Launch System-Wide Strategic Initiatives	1,083,751	3,321,010	4,548,088	5,602,544
Annual Cost Totals		8,635,533	20,190,638	22,823,376	27,433,804

Already Committed CHQI Funding	-	411,068	-	-
Already Committed LSFV Funding	3,323,796	113,585	-	-
Already Committed United Funding	5,311,737	14,140,004	-	-
Additional/New Health Systems Funding Needed	-	5,525,981	22,823,376	27,433,804

ESTIMATED AGGREGATED HEALTH SYSTEMS SAVINGS / NEW REVENUE THROUGH STRATEGIC PLAN GOALS¹					
Goal #	Goal Topic	FY18-19	FY19-20	FY20-21	FY21-22
5	Drive Savings & Efficiencies Through LSfV	325,000,000	330,000,000	400,000,000	500,000,000
6	Create Quality / Pop Health Management Function	-	500,000	1,000,000	3,000,000
7	Establish Center to Leverage System-Wide Data	-	1,000,000	4,000,000	10,000,000
Annual Estimated Savings Totals		325,000,000	331,500,000	405,000,000	513,000,000

¹Does not include savings associated with managed care contracting or System-Wide Medi-Cal work

Note: Annual budgets listed above include an estimated benefits expense which may change once the UCOP Budget Office finalizes the Composite Benefit Rate (CBR)

Health Systems Annual Funded FTE

		FISCAL YEARS							
		FY18-19 Actual		FY19-20 Budget		FY20-21 Proposed Budget		FY21-22 Projection	
Goal #	Goal Topic	UCOP	Campus	UCOP	Campus	UCOP	Campus	UCOP	Campus
4	Improve System-Wide Financial Analysis	-	-	4	-	3	-	4	-
5	Drive Savings & Efficiencies Through LSfV	4	3.8	11	9.4	11	9.7	11	9.7
6	Create Quality / Pop Health Management Function	1	0.4	5	0.2	5	0.4	7	0.4
7	Establish Center to Leverage System-Wide Data	0	10.6	4	20.4	7	18.7	8	21.7
10	More Effectively Influence Public Policy as a System	1	-	3	-	3	-	5	-
11	Develop & Launch System-Wide Strategic Initiatives	2.7	1	6.8	1	8.3	1	11.3	1
Total Annual FTE Funded by Health Systems		8.7	15.8	33.8	31.0	37.3	29.8	46.3	32.8

Note: All FTE numbers listed reflect count at fiscal year-end (i.e., June 30)

¹FY20-21 Campus Allocation of Staff for Goal #7: UCHDW Team consists of 18.7 FTE (48 people): **Core Team** – 11 FTE (11 people) **UCI** – 1.5 FTE (8 people); **UCSF** – 1.75 FTE (7 people); **UCLA** – 2.0 FTE (13 people); **UCD** – 1.0 FTE (2 people); **UCSD** – 1.0 FTE (2 people). Chief Data Scientist (CDI2 Lead) 0.4 FTE at UCSF. Note that many of the FTE within this goal represent the allocation of a percentage of time of existing personnel (e.g., data scientists, infrastructure engineers, data engineers) who contribute to the initiatives under the goal - - not new hires.

FY18-19 LSfV Savings / Revenue by Campus

The table below lists FY18-19 campus-specific incremental savings and/or revenue associated with some Leveraging Scale for Value activities:

System-Wide Activity (in \$M)		
<u>Campus</u>	<u>Revenue Cycle</u> ¹	<u>Procurement</u> ²
UCD	129.5	44
UCSF	129	44
UCLA	282.1	44
UCI	80.4	44
UCSD	51.9	44

¹ Indicates sustained, cumulative financial impact (either increased revenue or cost reduction). Financial benefit accruing to each campus from revenue cycle was calculated in two buckets. “One-time benefit” compares days in accounts receivable at the beginning and at the end of the observation period; multiplies the days improvement times the \$ value per day. “Recurring benefit” uses a “change in cash factor”, this is the improvement in cash collections (cash factors). This improvement is multiplied by the gross changes with one time cash benefit subtracted. Data are vetted and approved by each medical center.

² Total savings associated with System-Wide procurement for Fiscal Year 2019 divided equally among 5 campuses. (For FY 19-20, we will be able to show the detailed breakdown by medical center.)