University of California Office of the President

UC HEALTH DIVISION
2017-2023 STRATEGIC PLAN
Updated February 2022

UNIVERSITY OF CALIFORNIA

Introduction

The following is the strategic plan for the UC Health Division of the University of California 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, including Chancellors, Medical Center CEOs, Deans of all UC Health professional schools.

Annually, the leadership team has re-convened to review and refine the strategic plan. In FY19-20, Dr. Carrie L. Byington, led a more robust update of the plan to articulate key priorities, align core values with UCOP's strategic framework, and update UC Health's systemwide goals.

This FY22-23 strategic plan update will be the final update of the current plan. The COVID-19 pandemic necessitated our goals adapt to reflect COVID-19 activities and in some cases these activities have taken priority over others and impacted previous timelines.

Later this year UC Health will launch a systemwide strategic planning process to establish the next five-year UC Health strategic plan.

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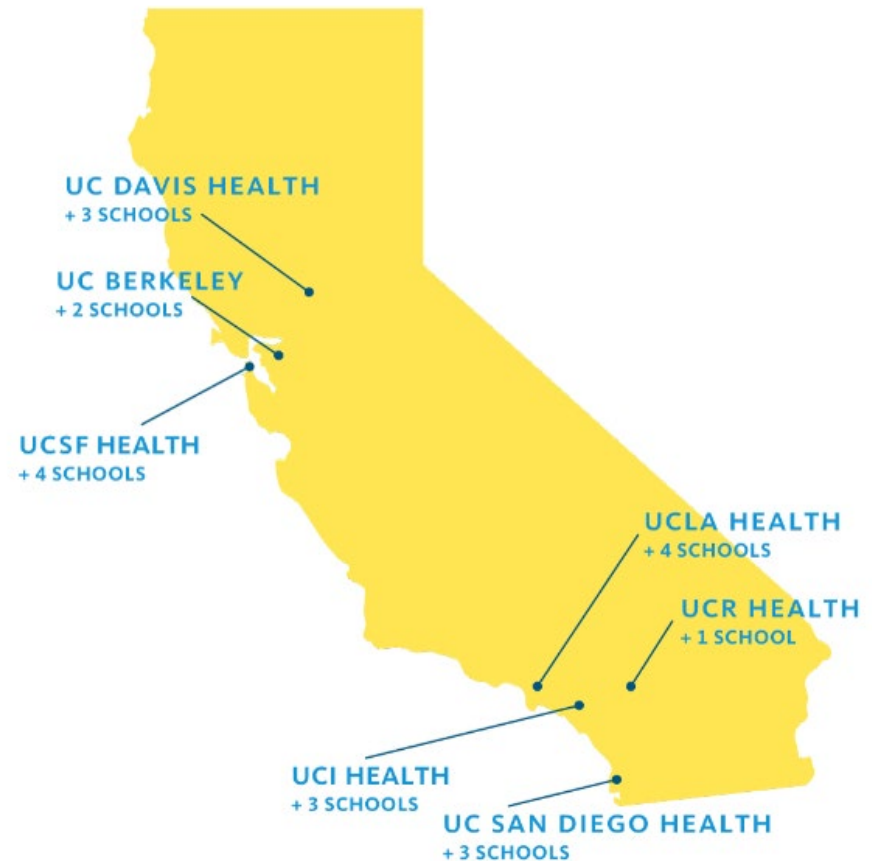
Supporting a World-Class Health Care System

The UC Health strategic plan reflects our commitment to cultivating a solid and sustainable systemwide 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 and trainees
    - 20 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 (#3), UCSF (#9)**
    - 12 hospitals
    - Over 9,000 faculty physicians
    - More than 13,000 nursing positions

- Health plans where UC is at financial risk covering over 300,000 employees, retirees, students and faculty

** U.S. News & World Report 2021-22 Best Hospitals

UC DAVIS HEALTH
+ 3 SCHOOLS

UC BERKELEY
+ 2 SCHOOLS

UCSF HEALTH
+ 4 SCHOOLS

UCLA HEALTH
+ 4 SCHOOLS

UCR HEALTH
+ 1 SCHOOL

UCI HEALTH
+ 3 SCHOOLS

UC SAN DIEGO HEALTH
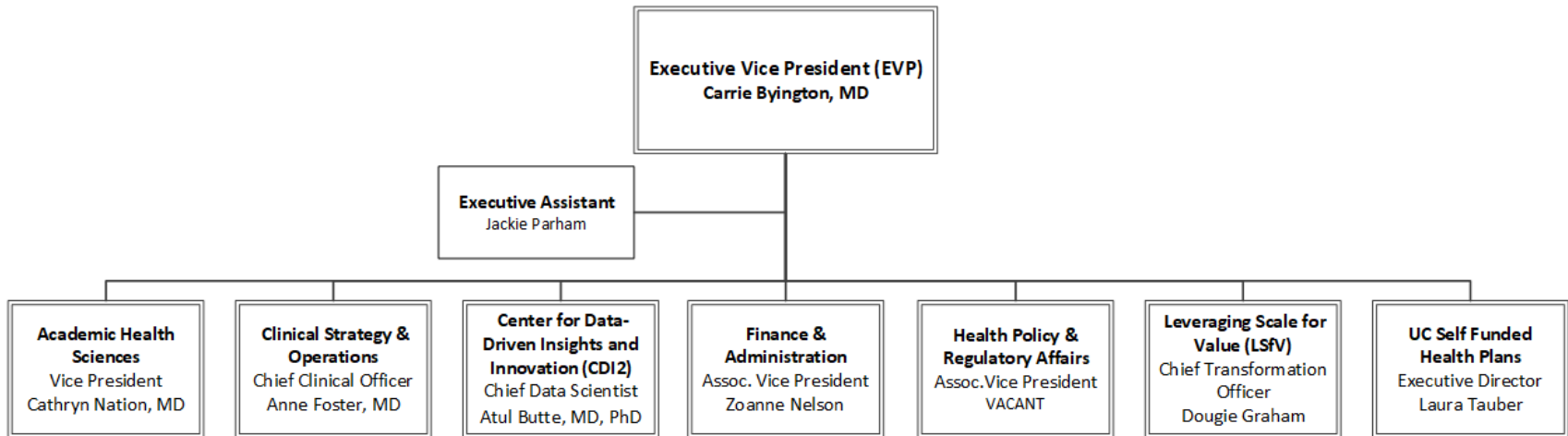+ 3 SCHOOLS

Strategic Planning Decision Drivers

Several decision factors contributed to the development of the 2017-2023 strategic plan, including:

1. The strategic framework for the UC Office of the President (UCOP)
2. The academic, research and clinical missions of the UC Health enterprise
3. Market conditions and the changing landscape of healthcare and demographics
4. Collaboration with the 6 academic health centers and 20 professional schools

In 2020, the COVID-19 pandemic required a redirection of strategic focus, with UC Health contributing to the University's response:

- UC Health stood up the systemwide UC Health Coordinating Committee. Multiple working groups are producing guidance, policies, operational analyses, plans, and crisis standards of care

- CDI2 published the daily COVID tracker and other critical analyses for data-driven decision-making and communication

- UC Health advocated at the state and federal levels for funding, policy changes, vaccine allocations, etc.

- Student Health coordinated symptomatic evaluation and testing, contact tracing, isolation and quarantine, surveillance testing, vaccination, etc., and a rapid transition to telehealth platform

- EVP Byington regularly updated the Regents and many UCOP and systemwide groups

UC Health Division

Executive Vice President (EVP)
Carrie Byington, MD

Executive Assistant
Jackie Parham

Academic Health Sciences	Clinical Strategy & Operations	Center for Data-Driven Insights and Innovation (CDI2)	Finance & Administration	Health Policy & Regulatory Affairs	Leveraging Scale for Value (LSfV)	UC Self Funded Health Plans
Vice President Cathryn Nation, MD	Chief Clinical Officer Anne Foster, MD	Chief Data Scientist Atul Butte, MD, PhD	Assoc. Vice President Zoanne Nelson	Assoc.Vice President VACANT	Chief Transformation Officer Dougie Graham	Executive Director Laura Tauber

New

UC Health
Mission, Vision, and Values

UNIVERSITY
OF
CALIFORNIA

UC Health Division Mission and Vision

Our Mission:

Together with the UC community, we provide leadership and strategic direction, foster systemwide 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.

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.

UCOP 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.

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.

DIVERSITY & INCLUSION
We embrace diversity, equity, 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.

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.

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.

These core values are the principles that guide our actions

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.

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

UC Health
Strategic Objectives and Goals

UC Health Division Strategic Objectives

The following UC Health division strategic objectives are based on the UCOP strategic framework of broad-based, long-term aims that 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 systemwide 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 systemwide 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	Tauber	Develop Self-Funded Health Benefits Portfolio Strategy
Financial Stability	3	Nelson	Improve Systemwide Financial Analysis
Operational Excellence	4	Graham	Drive Systemwide Operational Optimization through Leveraging Scale for Value (LSfV)
	5	Foster	Create Quality / Population Health Management Function
	6	Butte	Establish Center to Leverage Systemwide Data
	7	Nelson	Strengthen UC Health Strategy and Operations
	8	Foster	Expand UC AHC / Student Health Partnerships
Policy & Advocacy	9	Nelson	Strengthen UC Health Policy Function
Executing the Mission	10	Byington	Advance Systemwide Strategic Health Initiatives
	11	Nation	Develop Systemwide Enrollment Plan & Strategy
	12	Tauber	Improve Access to UC Health Services for All Campuses

People   **AHS/Nation**

Goal: Support each UC health professional school in their efforts to improve diversity and campus climate by advancing innovative initiatives that increase accountability, promote best practices, and improve equity and inclusion for all UC health professional students, residents/fellows, faculty, staff, and administrative leaders

Opportunity:
People from groups underrepresented in the health sciences represent more than one-fourth of the US population, but comprise less than 13% of physicians, 15% of registered nurses, 11% of pharmacists, 11% of dentists, 10% of veterinarians, and 8% of optometrists nationally. Advancing progress in promoting diversity, equity, and inclusion (DEI) continues to be a top priority of the president, UC Health, and the health sciences deans. The imperative for increasing diversity in health care has been well documented and frames 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 humility and structural competence of providers. The recognition of systemic racism as a public health emergency has elevated the urgency and imperatives for action. The historical systems of education and health care have been plagued by centuries of inequities for Black, Native American and Latinx individuals, and others. Understanding measures of success that extend beyond compositional diversity, yet contribute to institutional excellence across UC's missions, is critically important for driving change.

Proposed Solution:
UC Health will continue to convene the diversity leaders of UC health professional schools through the UC Health DEI Leadership Collaborative which is focused on implementing the recommendations of the UC Health Sciences DEI Task Force. The meetings will also provide opportunities for multi-disciplinary, expertise-sharing forums on diversity-building themes to identify the most effective policies, practices, and/or assessments that improve campus climate, increase accountability, and share best practices across the system. UC Health will also work with Academic Affairs to connect UC leaders through education, training, and professional development to create and maintain a supportive environment that attracts faculty, staff, clinicians, and students who are prepared to meet the needs of the UC system, the health workforce, and the people of California.

Benefits:
1. Increases the knowledge and expertise of UC health science leaders and staff working to advance DEI 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 institutional and 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. Sufficient staffing and funding at UCOP and on campus will be available to support implementation of this goal
3. Current and adequate data (UC/state/national) is available for each of the seven health professions
4. Efforts to improve DEI systemwide will be measured, data-driven and evidence-based

UCH Goal 1 — Advance Progress in Promoting Diversity & Inclusion

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
1	**Support each UC health professional school in their efforts to improve diversity and campus climate by advancing innovative initiatives that increase accountability, promote best practices, and improve equity and inclusion for all UC health professional students, residents/fellows, faculty, staff, and administrative leaders**				
1a	Publish a summary documenting systemwide best practices that focus on pre-health students, professional students, residents, faculty, and administrative leadership, with systemwide recommendations/implementation strategies for improving diversity and inclusion by September 2020	*Completed*			
1b	Convene the UC Health Sciences DEI Leadership Collaborative at least three meetings per year to share best practices for improving climate, equity, and inclusion, with a focus on implementation of the recommendations from the UC Health DEI Task Force report (underway and ongoing by November 2021)	*Completed*			
1c	Develop an action plan by June 2022, to launch a new systemwide initiative that builds on the success of existing programs such as the Executive Leadership in Academic Medicine (ELAM) program and Harold Amos Medical Faculty Development Program to increase faculty diversity in the health sciences and to promote the advancement of women into executive leadership at UC				
1d	Seek agreement on at least three shared metrics for accountability, indicators of campus climate, and method of reporting no later than September 2022				
1e	By December 2022, align the work of the new Special Committee on Health Sciences and Clinical Affairs with the work of the UC Health Sciences DEI Leadership Collaborative				

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 accountability across campuses
3. Accurate and accessible demographic data in UCOP's corporate database for UC Health students, residents, and faculty by October 2023
4. Increase in underrepresented students, residents, executive leaders, and faculty in the health sciences over data from 2016-17 by 2025

Activity Update (CY2021):
1. The 2021 State budget included $12.9 million in ongoing funding to support both previously unfunded and new enrollment growth for PRIME
2. Two new health sciences leadership groups were appointed in 2021 to provide systemwide guidance on implementation of several of the Task Force recommendations

UCH Goal 2 — Develop Self-Funded Health Plan Portfolio Strategy

Goal: For the 2023 and 2024 calendar plan years, 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 self-funded 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. A Health Benefits Advisory Committee (HBAC) comprised of systemwide stakeholders was tasked by the ESC to assess the current health benefits portfolio against stated ESC objectives. This work, along with employee survey data, informs the strategies being developed.

Proposed Solution:
UC Health, in collaboration with Systemwide HR and under governance by the ESC will develop a 3-5 year strategy to address the design of the benefits portfolio, employee contribution and risk adjustment, role of UC providers, improving access and other areas. Representatives from stakeholders across the university community are participating in RFP processes to determine recommended vendor partners for the PPO plans and behavioral health. There will likely be an RFP for the Blue & Gold plan in 2023 for the 2024 plan year. 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 consultants including peer benchmarking data is comprehensive and informative
2. UC Health and UC Systemwide Human Resources operate with shared interests and objectives
3. President is aligned to ESC recommendations

UCH Goal 2 — Develop Self-Funded Health Plan Portfolio Strategy

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
2	**For the 2023 and 2024 calendar plan years, 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 self-funded health plans with outstanding member experience while containing annual percentage growth to 4% or below**				
2a	Conduct research and analysis for opportunity areas including review of current offerings and benchmarking of similar institutions by August 2020	*Completed*			
2b	Complete report and develop options for the ESC to make decisions by October 2020	*Completed*			
2c	Present findings to constituents and socialize potential changes by July 2021	*Completed*			
2d	Update member communications, websites, and tools to improve member experience by September 2022				
2e	Perform RFP and select partner, if necessary, to implement approved changes by September 2022				
2f	Begin implementing changes for 2022 open enrollment and continue through open enrollment for 2023				

Metrics and Targets:
1. Approved recommendations for the health benefits portfolio by the ESC by fall 2021
2. Projected benefit increases stays within 4% budget increase cap
3. Maintain or improve affordability to lower income employees by the keeping increases in employee contributions required for pay band 1 to a minimum year over year beginning in 2023
4. Improved employee engagement with health plans measured by percentage improvement in enrollment in care management programs, open and click through rates on member communications and member satisfaction surveys year over year beginning in 2023

Activity Update (CY2021):
1. UC Health is developing a roadmap to expand access to UC care for UC employees
2. ESC approved an RFP for PPO PBM and an RFI/RFP for the medical portion of active PPO plans
3. PPO PBM RFP completed and implemented for 2022 plan year
4. PPO RFP begun with recommendations from PPO RFP to be implemented in 2022 for 2023 plan year

Financial Stability   F&A/Nelson

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

Opportunity:
Presently, the only systemwide 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 comparison of expenses and revenues 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 systemwide 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 work in coordination and collaboration with the CFOs and other leadership of the medical centers and health professional schools on the following core activities:
• Create automated financial reporting systems and dashboards
• Develop 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)
• Provide financial analysis and support for all major systemwide 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
• Provide financial analysis and support for systemwide / 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
• Conduct analyses of short and long term financial position of the UC academic health centers collectively, and develop recommendations regarding the on-going organization, integration and effectiveness of systemwide financial analyses

Benefits:
1. 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. Help the entities within UC Health adapt to the new healthcare environment in response to changing payment models and value based reimbursement
3. 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 systemwide collaboration and ultimately identify areas for increased efficiencies and reduced costs

UCH Goal 3 — Improve Systemwide Financial Analysis

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
3	**Develop the expertise and standardized infrastructure necessary to make accurate financial decisions and enhance regional and systemwide financial analysis of the health systems to optimize revenue, control expenditures and conserve assets**				
3a	Hire a Director of Finance by July 2020. Hire Decision Support Manager by July 2022 to take over responsibility for financial data warehouse and related dashboards and reporting	*Completed*			
3b	Implement UC Health systemwide financial data warehouse in order to standardized and automate Medical Center monthly financial statements	*Completed*			
3c	Using the financial data warehouse, the Director of Finance, working with the health system CFOs, will develop a work plan by June 2021 to conduct systemwide and/or regional analysis in support of the strategic goals and priorities of UC Health. Utilize findings from this systemwide and regional analysis to repurpose current finance slides that are presented to Board of Regents				
3d	In collaboration with medical Center CFOs and UCOP Finance, conduct a systemwide review of capital needs and debt capacity, creating a 10 year debt strategy. Develop a CFO peer based review of capital projects requiring debt financing	*Completed*			
3e	Create systemwide consolidated reporting that combines financial data for medical centers and faculty practice groups, allowing for performance comparability across our academic medical centers				
3f	Organize and oversee annual UC Health systemwide Community Benefits report. Working with finance leadership at health campuses, combine medical center and faculty practice group community benefits with peer institution benchmarks into an annual report to be presented to the Regent's Health Services Committee				

Metrics and Targets:
1. Automated and standardized financial reports, dashboards, and metrics
2. Financial dashboard content presented to Regents that aligns with the strategic vision of UC Health's EVP
3. 10 year capital plan complete with debt strategy and medical center CFO peer review
4. Annual reports to the Health Services Committee of UC Health Community Benefits
5. Consolidated financial statements combining medical centers and faculty practice groups

Activity Update (CY2021):
1. The Finance Director has been advancing the systemwide financial data warehouse. The database has been created, standardized Congos financial reports have been written and audited, historical data has been loaded and audited, and preliminary Tableau dashboards and metrics have been drafted. Standardized distribution and access to medical centers is still in progress
2. The ten year systemwide capital plan and debt strategy is completed. The first round of capital project CFO peer review has taken place, though the process could use refinement. The capital plan, debt strategy and peer review have all been presented to the HSC and COC
3. The second annual Community Benefits report was presented to the Regents in June of 2021. It included Medi-Cal uncompensated care and charity care for the faculty practice groups. This year's report is well underway and will be expanded and improved
4. SWAT analysis completed for systemwide consolidated medical center and faculty practice group financial reporting. Work with CFOs continues

Operational Excellence

LSfV/Graham

Goal: In FY22-23, the Leveraging Scale for Value (LSfV) programs will take advantage of systemwide opportunities and achieve at least $200 million/year through cost reduction, revenue generation, and shared best practices

Opportunity:
The LSfV program has now been institutionalized at UC Health since FY15 and has successfully delivered over $1.7B in impact from cost reduction and revenue enhancement. In that time there has been strong support to the program from the health centers and continued high level support from their leadership. However, the program itself is not necessarily aligned at all to health center priorities or strategies. Currently many of the initiatives seek to make annual incremental improvements across their focus area. This has led to significant annual impact over the years, but it has ensured that there is rarely a 'strategic' view of what we are seeking to achieve in that focus area in the short and medium term.

Proposed Solution:
Several initiative areas will reach a level of maturity which means that continued impact expansion is limited, but also that less focus is required from UC Health to maintain some continuous momentum. There are newer areas (such as capital equipment and construction) which may deliver substantial cost reduction impact in the short and medium term. Additionally, there are areas (such as creating a systemwide reference laboratory capability) which offer potential for future revenue generation. Creating 3-5 year strategic plans – from which the annual plans and goals are derived – would be a step forward in delivering a strategic vision and also greater coherence to the overall program. These initiative plans could be developed with key stakeholders from the health centers, which would start to ensure greater coherence around strategy and priorities. UC Health should continue to ensure that the impact – particularly quantitatively through cost reduction or enhanced revenue – can be documented and provided to the UC Health's senior leadership. This will be a key part of continuing to highlight the value that is derived from the UC Health division's efforts across the LSfV program.

Benefits:
1. Greater value through cost savings and revenue generation by coordinating operations and services across the entire UC Health System. This value – cost reduction or revenue enhancement – flows directly to the respective health centers
2. Greater engagement and cooperation between leaders of the individual health centers and UC Health leadership
3. Operational efficiencies, savings and revenue streams that are sustainable and ongoing

Assumptions:
1. Senior health center leaders continue to support Executive Sponsorship of core LSfV initiatives (pharmacy, laboratory, construction, etc).
2. Senior Medical Center leadership will ensure that their colleagues provide support to systemwide LSfV optimization efforts
3. UC Health will not seek to create any LSfV employees where colleagues within the Medical Centers can provide support and expertise for these efforts. UC Health will only seek to create systemwide positions where it is deemed essential and unavoidable

UCH Goal 4   Drive Systemwide Operational Optimization Through LSfV

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
4	**In FY22-23, the Leveraging Scale for Value (LSfV) program will take advantage of systemwide opportunities and achieve at least $200 million/year through cost reduction, revenue generation, and shared best practices**				
4a	Create 3-year Strategic Plan for the overall LSfV Program (including multiple initiatives) by March 2020		*Completed*		
4b	Complete staffing infrastructure build by end of FY19-20		*Completed*		
4c	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		*Completed*		
4d	Create new initiatives for Construction and Capital Equipment. These should have annual plans which nest into the overall LSfV Strategic Plan				

Metrics and Targets:
1. Specific value targets for the LSfV Program will be set on an annual basis. The program has delivered over $1.7B in impact (revenue enhancement and cost reduction) over the past 7 years. This comprises $182.5m impact in Fiscal Year (FY) 15, $261m in FY16, $286m in FY17, $239m in FY18, $325 million in FY19, $500M+ in FY20, and over $200M impact in FY21
   - Each Initiative will have targets and metrics to include revenue enhancement and/or cost reduction

Activity Update (CY2021):
1. Current focus has been on those areas which had the ability to track operational metrics and improvement and where we believed there was still opportunity for significant impact. Current year initiatives included: revenue cycle; supply chain; pharmacy; laboratory; capital equipment
2. The Governance structure has continued to rely on Executive Sponsorship from specific health center CEOs as well as direction from the UC Health Chief Transformation Officer
   - Initiative areas and annual targets have been discussed routinely with the VCs/CEOs.
   - Each financial quarter there was a detailed update provided to the VCs/CEOs outlining how the initiatives supported expense reduction at their location
3. Roadblocks:
   - Year-over-year, as the program moved towards maturity in some initiative areas, it became harder to continue finding efficiencies, particularly in sourcing and contracting optimization

Create Quality / Population Health Management Function

Operational Excellence

CSO/Foster

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 systemwide quality and population health management function

Opportunity:
Each of the six health centers and their respective faculty practices have variable approaches and levels of ability to measure and improve quality, take risk and manage their patient populations to improve outcomes and address health disparities, while advancing value based care delivery. By comparing standards of care, outcomes and other data, our health centers, faculty practices and health plans, will be able to develop or identify best practices to make decisions about care management that will improve patients' health though prevention, community engagement, and value based care delivery. Clinical leadership and support is required in order to identify and implement effective systemwide 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 health centers and UC as an employer taking on risk with its self-funded plans.

Proposed Solution:
Continue to build the organizational infrastructure (leadership, relevant expertise and project management) to enable UC health centers, providers and self-funded plans to develop and implement a data-driven quality and population health management strategy. The function will continue to convene subject matter experts (SMEs) to develop and execute systemwide improvement initiatives. Using our UC Health Data Warehouse, we will also continue to expand upon our population health analytics including defined registries, statistical process controls, and comparative dashboards to support the SMEs in identifying variation, developing best practices and measuring improvement work. A key component of this work is engagement of health services researchers to help understand and decrease disparities in our populations and inform and evaluate interventions.

Benefits:
1. Improved outcomes and capability to understand and decrease disparities across UCH populations
2. Lower costs in the longer term, for our health centers, health plans, and population health contracts
3. Better ability to measure and influence the health of specific populations, including improved prevention and social determinants of health
4. Improved / appropriate patient access to care; higher patient / member satisfaction

Assumptions:
1. Continued buy-in from medical center leadership for this effort and active, sustained engagement among system-level subject-matter appointees
2. Health Center working group participants assumed to already be employed and part of the cost structure

UCH Goal 5   Create Quality / Population Health Management Function

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
5	**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 systemwide quality and population health management function**				
5a	By March 2021, hire a Chief Clinical Officer – a clinical leader, who will continue to build a team made up of subject matter experts in quality and population health management	*Completed*			
5b	By April 2020, the team will work with the established steering committee, CEO sponsor, and other UC Health leadership to create a strategic framework; prioritize existing and new systemwide initiatives; and formalize a charter and governance for this function	*Completed*			
5c	The Chief Clinical Officer will further develop the scope of this function, working with the Chief Population Health Officer, QPH team, and Steering Committee to develop longer term goals that align our strategic framework with future UCH strategic planning				
5d	Develop and begin execution on the long-term plan to Drive Accountable Care in Cancer. This will be done in collaboration with the UCCC Quality Council and driven by the UC Health Quality Improvement Advisor				
5e	Investigate opportunity to build a Population Health Pharmacy Program focused on improving quality, managing costs, and forward UC Health capability to take on and manage risk				

Metrics and Targets: Systemwide Population Health Metrics are defined by the UC Health Population Health Steering Committee and reported via the Clinical Quality Committee (CQC). Other Population Health initiative metrics and target goals are established by the SME workgroups and overseen by the Steering Committee

Activity Update (CY2021):
1. Embedded focus on health equity across UC Health populations and improvement work
   - Developed a strategic process to identify, understand and address health disparities in our populations
   - Engaged health services researchers to analyze BP control disparity in Non Hispanic Blacks in the UC Health hypertension cohort; identified initial drivers for use in designing interventions
   - Led SDOH workgroup focused on best practices in social needs screening; selected Food Insecurity as the first domain for systemwide screening
   - Executed a UC Health MSA for findhelp.org referral platform to connect with community-based organizations and services
2. Initiated the "UC Way" Oncology Medical Home initiative to improve health outcomes, and care coordination for patients with cancer
3. Advanced the "UC Way" approach for Diabetes and Hypertension care and care improvement
4. Expanded UC Health Population Health analytics to include registries in cancer and advanced illness and UCR Health data

Operational Excellence

CDI2/Butte

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 at lower cost; (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 #3 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 #4, #5, and #10.

Benefits:
1. Supports goal #5 -- 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 analytics 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 6 — Establish Center to Leverage Systemwide Data

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
6	**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**				
6a	Produce annual reports of the Center's activity in 2019, 2020, and 2021, setting forth the Center's accomplishments in each of its four main functions, as well as the Center's future goals consistent with its strategic plan	*Completed*			
6b	Hire Director of External Projects and Partnerships by April 2021	*Completed*			
6c	Finalize bylaws for the systemwide Center Oversight Board and cybersecurity governance document	*Completed*			
6d	Produce Fourth Annual Report of Center's activity by June 2022				
6e	With input from the Center's Oversight Board, develop detailed 3-year Strategic Plan by March 2020	*Completed*			

Metrics and Targets:

CDI2's detailed strategic plan sets targets for the center's initiatives that include supporting other UC Health functions in meeting clinical quality goals, improving patient outcomes and generating savings. The strategy also includes 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. The upcoming strategic refresh will include adding functions related to ongoing response to the COVID-19 pandemic.

Activity Update (CY2021):

1. Provided significant support of UC Health response to COVID-19 pandemic including (1) coordination with local Health IT teams to provide systemwide reporting re testing, inpatient census, and vaccine tracking; and (2) coordination with UC Biomedical Research Acceleration, Integration, & Development (UC BRAID) to produce a COVID-19 patient research limited dataset (UC CORDS) that has resulted in more than a dozen publications
2. Executed on several targeted campus-wide initiatives, such as Quality and Population Health Projects (QIP, diabetes, hypertension, UC Care) and LSFV projects (pharmacy drug transitions and supply chain analytics)
3. Supported research efforts through further development of a secure cloud-based data science environment called Data Discovery that provides researchers with tools that enable them to query and analyze a deidentified instance of the UCHDW
4. Hired Director of External Projects and Partnerships to develop collaborations with industry partners around insights from UC Health patient data
5. Roadblock: UCOP hiring freeze and resource constraints due to COVID-19 pandemic

Strengthen UC Health Strategy and Operations

Operational Excellence

F&A/Nelson

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

Opportunity:
Over the past 10+ years, the US health industry has grown more complex and competitive, and the University has responded by identifying ways that the UC Health enterprise can leverage the collective efforts of its six health centers and 20 health professional schools. The demands on the UC Health division have grown in evolutionary ways that require a more structured and productive 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 manage itself in a way that allows for projected growth and future sustainability. This also includes a continued focus on promoting an inclusive and anti-racist culture. In addition, UC Health has the opportunity to explore methods for alternate sources of funding that can advance the overall strategic mission of the division.

Proposed Solution:
To respond to these opportunities, UC Health must:
• Continue to manage to and update the UC Health strategic plan and innovate ways to expand the strategy systemwide and in alignment with the UCOP strategic framework and presidential priorities
• Improve the organization and management of the division's administrative function
• Formalize and document processes and procedures that enhance and improve the work of the division
• Participate in and build upon UCOP efforts to improve staff development, performance management, professional growth opportunities and workplace culture, including enhancing and sustaining an inclusive and anti-racist culture
• Determine sources of, and plan(s) for, optimizing alternative revenue sources, e.g., extramural grants, state funds, and/or other funding sources, or innovative models based on the efforts of the Leveraging Scale for Value or Center for Data-driven Insights and Innovation departments.

Benefits:
1. Effective strategic planning and internal management allows the work of the division to proceed timely and with transparency and accountability
2. Effective management improves collaboration, creates efficiencies and allows the division to operate more as a group advancing shared goals
3. Attention paid to the well-being of staff improves morale and professional growth and enhances the culture of the division
4. Focused efforts to pursue alternative revenues contribute to the financial sustainability of UC Health

Assumptions:
1. The management team is committed to improving the strategic and operational management and culture of the division
2. Funds secured outside of current funding mechanisms can be identified and secured

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
7	To optimize operational effectiveness and drive achievement of our strategic planning goals, UC Health will improve internal strategy and delivery capabilities and explore innovative solutions that make the division more sustainable				
7a	Hire an AVP, Finance and Administration to oversee the strategic planning and organizational management of the division by December 2020	*Completed*			
7b	Align the division organizational structure and budget both within the division and with the UCOP budget by June 2022	*Completed*			
7c	Update and improve divisional policies, procedures and management by December 2022	*Completed*			
7d	Launch a UC Health systemwide strategic planning process by June 2022				
7e	Launch and implement an Anti-Racism Working Group in the division to implement and supplement the findings of the UCOP ARWG				
7f	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 by June 2023				

Metrics and Targets:
1. By June 2021, present and achieve support for a new organizational structure with a budget that is aligned and right-sized for the division
2. Procedures for hiring, purchasing, facilities, and other operational functions are working effectively as designed by December 2022
3. Identify at least two sources of alternative funding by June 2021
4. 100% of UC Health employees will have participated in a professional development opportunity by June 2022. Professional development has been implemented as a requirement for all UC Health employees and we should be well on target to hit this metric as a division

Activity Update (CY2021):
1. UC Health hired a new Director of Operations and Strategic Initiatives in July 2021
2. Over the past year, the Finance and Administration team has significantly improved the operational capabilities of the division. The organizational structure and budget were reorganized and aligned, several new positions were approved and hired, onboarding and other administrative procedures were implemented, and future of work activities are being coordinated with UCOP Operations
3. UC Health launched the Anti-Racism Working Group and has continued to support an inclusive division culture. All employees attended implicit bias training and UC Health has engaged the support of a DEI expert to further develop leadership and employee competencies
4. UC Health partnered with UCOP ITCS to assess PII data in division-owned applications and ensure compliance with the IS3 Regent's Policy
5. Division managers have been given permission to support and fund professional development for their team members from existing and future departmental operating budgets
6. Roadblock: Some of the work, including launching the systemwide strategic plan, and other goals of the division, were delayed due COVID and the COVID-related hiring freeze

Expand UC AHC / Student Health Partnerships

Operational Excellence

CSO/Foster

Goal: Expand initiative-based working partnerships between UC Health Academic Health Centers and Student Health and Counseling units by December 2024

Opportunity:
UC Health supports the quality, safety, and effectiveness of medical and mental health services provided to UC students through the Student Health and Counseling (SHC) units. A key opportunity is further development of high-level collaboration with UC Health's Academic Health Centers (AHCs) to better leverage UC Health's clinical, teaching, and research assets to enhance the range of services available to UC students. UC Health endeavors to support the development of effective partnerships between its AHCs and the campus-based SHC units. These partnerships will serve as the foundation in which novel service ideas can be identified, cultivated, and deployed. There are abundant opportunities to augment the provision of accessible, high-quality care; support UC's clinical teaching mission while maintaining a student-centric approach to care; and expand research into the health status and clinical outcomes in UC's student populations.

Proposed Solution:
Partnerships between UC's AHCs and SHC) units will be supported by engaging with senior leadership on potential areas for collaboration within clinical care, teaching, and research. Urgent priorities include: 1) Expanding the provision of on-campus medication abortion services on all UC campuses; 2) Transitioning to a common EHR platform across all UC Health providers (including all SHS, CAPS, and Occupational Health units) to enhance public safety, clinical research, and health outcomes related to public health crises; 3) Identifying SHS/CAPS center interest in expansion of the billing capacity for SHC units by leveraging existing SHC infrastructure and expertise; and 4) Convening stakeholder teams to create funding proposal concepts for expanded workforce development of mental health providers within UC. Initial meetings will focus on identification of potential initiatives; the scope, objectives, resource requirements, and outcome measurements associated with these; and the potential roles and responsibilities of UC Health, AHC, and campus leaders in launching new collaborative projects.

Benefits:
1. Expansion of the capacity, scope, and quality of care delivered to UC students with enhanced student satisfaction
2. Improvement of the financial stability of SHC operations through greater collaboration and implementation of project-based care initiatives
3. Establishment of the SHC units as teaching centers for UC Health's post-graduate medical and behavioral health training programs
4. Implementation and analysis of the effectiveness of innovative care models and population health interventions in UC's student populations

Assumptions:
1. The President, Executive Vice President of UC Health, and Provost will champion collaborative partnerships between UC AHCs and SHC
2. The CEOs and CMOs of UC's AHCs are responsible for their organizations' active participation in initiative-based collaborations
3. Campus Chancellors, Vice-Chancellors of Student Affairs, and SHC leaders are responsible for dedicating camps resources and personnel
4. UC Health's AHCs and campus Chancellors 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 8 — Expand UC AHC / Student Health Partnerships

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
8	**Expand initiative-based working partnerships between UC Health Academic Health Centers and Student Health & Counseling units by December 2024**				
8a	CMO Student Health and Counseling to oversee development of medication abortion implementation requirements, including development of standardized protocols, documentation templates, clinical outcome measures and patient satisfaction instrument by December 2021	*Completed*			
8b	Support initiation of campus-based medication abortion services to UC students by 10 campuses by December 2022				
8c	Work with leadership of UC Health, UC San Diego Health to position project management team to develop campus-specific pre-transition tasks, implementation framework and project timeline for move to Epic EHR for all SHS/CAPS by December 2024				
8d	Establish Student Health and Counseling center interest to expand billing capacity for insurance payers beyond UC SHIP by December 2022				
8e	Develop joint proposal concepts to expand workforce development of mental health providers within UC by December 2023				

Metrics and Targets:
1. Support implementation of medication abortion services at all campus SHS centers by December 2022
2. Complete SHS/CAPS readiness survey for potential migration to Epic as EHR platform for all systemwide Student Health and counseling units by December 2024
3. Survey SHS/CAPS units regarding commitment to collaborate with regional UC AHC to expand SHS/CAPS 3rd party billing by December 2022
4. Identify/meet with key stakeholders to develop potential funding proposal concepts for enhancement of workforce development for mental health providers within the UC system by December 2023

Activity Update (CY2021):
1. Developed of standardized protocols, documentation templates, clinical outcome metrics and patient satisfaction survey instrument for medication abortion services. Established grant reimbursement tracking system at UC Health for SB-24 funds/ reimbursed $434k in campus expenditures.
2. Facilitated Epic demonstration for Student Health and Counseling units June 2021 an provided clinical and IT staff FTE for cost estimate
3. Surveyed SHS centers and reported to Regents that 10/10 SHS centers and 4/10 CAPS centers bill UC SHIP program for some services

Strengthen UC Health Policy Function

Policy & Advocacy

F&A/Nelson

Goal: Strengthen the health policy function within the UC Health division by leveraging the expertise across the health system to refine and advance a proactive policy agenda by December 2022. Collaborate with State and Federal Government Relations to implement the agenda throughout the 2023 budget and legislative cycles

Opportunity:

Policy issues that impact the UC Health systems have a broad reach and include many issue areas, programs and activities. The health policy unit within UC Health will enhance effectiveness and enable greater continuity, accountability and institutional memory on the complex issues impacting UC Health systems and academic health sciences programs. Effective policy management requires coordination across UC Legal, UC Health content experts and government affairs. These functions, standing alone, are often stretched thin. Issues with the greatest threat are typically resource intensive, leaving less time for advancing a proactive agenda. UC Health leaders are proactively engaging on priority issues in collaboration with State and Federal Government Relations to identify areas where we UC Health lead instead of react. Alliances with professional associations are an effective way to advance policies where UC Health should lead and allows an opportunity to influence and participate in industry-wide policies. The primary associations are the California Hospital Association (CHA), California Association of Public Hospitals (CAPH), and the California Medical Association (CMA). Regarding legislative and regulatory affairs, UC has often relied on strong relationships at the state and federal level to prevent existential threats. UC Health should continue building on these relationships and foster new connections as new members are elected.

Proposed Solution:

Strengthen the UC Health policy function: (i) create an organized process for determining health policy priorities for UC Health; (ii) engage content experts, UC leaders, UC State and Federal Governmental Relations, associations and others in the development of these priorities; (iii) create and maintain a repository of information that can be a record and a resource for the division; (iv) coordinate with UC leadership (both within UCOP and across UC Health), partner institutions, professional associations, subject matter experts and others to develop policy agendas and priorities that proactively advance the interests of UC Health and the University; and (v) strategize, organize and plan for long-term success by putting an organizational and leadership structure in place to lead this effort, coordinating the work across the University and, where relevant, with CHA, CAPH, CMA and others.

Benefits:

1. Supports UC Health's leadership role in advancing strategic priorities at the state and federal level
2. Advances the University's core missions
3. Offers greater leverage and likelihood of reaching successful health policy and health care outcomes

Assumptions:

1. Funding and headcount for additional staff is approved by health system leaders and UCOP, including the hiring of a new Associate Vice President of Policy and Regulatory Affairs
2. SGR, FGR, UCOP and health system leadership agree that health policy, legislative / regulatory strategy and policy analysis should be driven at the system level

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
9	**Strengthen the health policy function within the UC Health division by leveraging the expertise across the health system to refine and advance a proactive policy agenda by December 2022. Collaborate with State and Federal Government Relations to implement the agenda throughout the 2023 budget and legislative cycles**				
9a	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 June 2022			*Completed*	
9b	Strengthen the policy dashboards developed in 2020 that track and record policy priorities, analyses, background and research on issues that have an impact on UC Health by June 2022			*Completed*	
9c	In partnership with UC State Government Relations, campus stakeholders and leadership, identify key policy priorities and near-term goals for the remainder of the 2021-2022 legislative cycle by April 2022			*Completed*	
9d	In partnership with UC Health leadership, State and Federal Government Relations, campus stakeholders and leadership solicit recommendations to enhance the UC Health policy function by April 2021			*Completed*	
9e	Recruit and onboard a new Associate Vice President of Policy and Regulatory Affairs to begin June 2022				
9f	Prepare an annual year-end summary on UC Health policy agenda by December 2022				
9g	In partnership with UC State Government Relations, Federal Government Relations, campus stakeholders and leadership, develop a strategic plan relating to state policy and impact across UC Health by June 2023				

Metrics and Targets:
1. The initial strategy will identify specific near and long term policy goals as noted above
2. The initial strategy includes creation of a policy and legislative database that will help provide a foundation for policy development in 2022. The goal is to have an accessible resource that contains and documents the record of UC positions and supporting rationale

Activity Update (CY2021):
1. The Director of Health Policy formed a policy workgroup in February 2021 to be a resource for cross-divisional communication on legislation, regulatory affairs and other policy-related activities. The workgroup met throughout 2021 and continues into 2022
2. Workgroups focusing on telehealth, affordability health information exchange (HIE), and cancer were created to respond to administrative agency activities
3. The Director of Health Policy (with the assistance of the AVP Finance and Operations, and Policy Analyst) worked with UC Health leadership, SGR and FGR to develop the "2022 UC Health Policy Agenda" which identifies proactive policies and strategies relating to state/federal administrative, legislative, budget, and advocacy efforts that advance the UC Health mission and goals
4. The division initiated the recruitment of a new Associate Vice President of UC Health Policy and Regulatory Affairs to begin approximately June 2022

Executing the Mission

EVP Byington

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

Opportunity:
While the goals in the UC Health strategic plan seek to foster systemwide collaboration, including integration between the clinical enterprise and health professional schools, several activities do not fall under specific goals or departments. In addition, our various efforts to achieve "systemness" across these opportunities is often not coordinated or integrated. Efforts are often led by individuals working in silos, and decisions to undertake new projects and initiatives are sometimes ad hoc. Strategic decisions regarding the University's COVID response, large-scale contracting, Medi-Cal, affiliations, and other clinical and operational initiatives are often made locally without considering the advantages of a multi-campus approach. Leading the response to COVID in particular has highlighted the need for systemwide strategic decision-making that promotes ongoing coordination, integration and effective use of limited resources.

Proposed Solution:
Establish a coordinated management team to examine the full UC Health landscape (including existing initiatives) to identify and evaluate new opportunities; remedy inconsistencies and redundancies; and drive and facilitate coordination across UC Health 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 systemwide initiatives and transactions – and in particular to advance initiatives where a multi-campus approach is necessary or beneficial. Regarding the University's COVID health response, the systemwide UC Health Coordinating Committee will seek to reach consensus on areas of collaboration and support execution of agreed-upon policies, guidance, research, and other opportunities that improve synergies between the clinical and health professional enterprise.

Benefits:
1. Systemwide 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. Initiatives will seek to leverage the size, expertise and reputation of multiple health centers to, for example, support clinical excellence, lower cost of care, and improve patient access
3. Avoid duplicative and inconsistent efforts and competition among medical centers; obtain more favorable contract terms

Assumptions:
1. Buy-in from and engagement by health center leaders for these initiatives
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 annual retreat
4. Ability to hire 2-3 positions in UC Health

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
10	**To inform and enhance strategic decision making and avoid conflicting and/or redundant efforts, UC Health will provide leadership and support to collectively prioritize and advance systemwide and regional initiatives**				
10a	Define UC Health as a system, including articulating and disseminating systemwide values and goals by December 2019	*Completed*			
10b	Engage a skilled facilitator to lead a detailed conversation with campus leadership at a retreat to determine systemwide and regional priorities, including, *e.g.*, for clinical integration; growth, partnerships and affiliations; improving payer mix; addressing multi-campus research initiatives; and branding by May 2020	*Completed*			
10c	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 June 2022				
10d	Assemble a team with the necessary business and operational capabilities (including clinical market analyses, business development and project management capabilities) by June 2022				
10e	Stand up the UC Health Coordinating Committee for COVID Response in March 2020 to oversee the development and dissemination of policies and guidance, and coordinate vaccine distribution, testing and research activities with the state	*Completed*			

Metrics and Targets:
1. Strategic plan updated annually and systemwide plan initiated and completed
2. Strategic plan completed and being used to guide decisions, actions, and resource allocation by January 2020
3. Ongoing mechanisms put in place to identify, vet and prioritize future activities and investment by June 2022
4. % of employees and students in compliance with COVID vaccination policy >97%

Activity Update (CY2021):
1. The primary focus of UC Health in CY2021 was the COVID response, with the UC-HCC leading the distribution of vaccines, development and implementation of vaccination policies, the guidance for returning to campus in the fall and winter/spring, long-COVID research and many other activities that supported a systemwide response and coordinated/supported our activities with the state.
2. UC Health supported the development of policies on affiliations, and is implementing them via a systemwide working group
3. UC Health helped organize systemwide support for the Border Mission response, coordinating volunteers, training and other activities to support pop-up centers in San Diego and LA
4. UC Health coordinated a multi-billion payor contract with one key partner, and is working on a new payor contract with another
5. UC Health is working to maximize payments from the various Medi-Cal programs
6. UC Health has joined ~40 leading organizations in signing the Health Equity Pledge to collect, analyze, and identify specific areas for actionable change to improve health equity

Executing the Mission

AHS/Nation

Goal: Improve alignment of the future size and scope of UC Health sciences programs with state workforce / emerging health needs by developing a new systemwide health professions enrollment plan and strategy for nursing and public health by June 2023

Opportunity:
California's population is growing, aging, and increasing in diversity. Health workforce shortages exist statewide and are expected to grow substantially in the years ahead. The current COVID-19 pandemic has highlighted the critical need for an adequate health workforce. It has been a decade since UC developed a comprehensive systemwide health sciences enrollment plan. This prior plan provided the systemwide rationale that helped pave the way for three new health sciences schools at UC and 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. It is time to re-assess UC priorities, better align them with future workforce needs (including capacity to address emerging needs like mental health and substance abuse), and develop actionable 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 review current and projected state workforce needs (including diversity) in these professions. Based upon findings, UC Health will work with health sciences deans to assess interest in growth, and to determine whether growth can be accommodated within existing infrastructure. Enrollment planning will start initially with Medicine, as it represents six of UC's 20 health professional schools. Beginning in 2022, UC Health will focus on nursing and public health. Nursing has known shortages and is complicated given multiple degree types, and public health is timely given workforce needs with the pandemic and a new school of public health at UCSD. The other four health professions would follow

Benefits:
1. Identification of actionable steps/strategies for how enrollment growth in UC's 20 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
4. Resources will be provided to fully implement strategies to achieve enrollment growth as outlined in plans
5. Growth proposed in the health sciences is aligned with UC-wide plans for enrollment management

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
11	**Improve alignment of the future size and scope of UC Health sciences programs with state workforce / emerging health needs by developing a new systemwide health professions enrollment plan and strategy nursing and public health by June 2023**				
11a	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 August 2020	*Completed*			
11b	Consult with UC Health sciences deans to determine which existing schools have the interest and capacity for growth. We began with medical student enrollment planning in 2021 given the needs identified in Key Strategy 11a and alignment with recommendations from the CA Future Health Workforce Commission report. We will engage nursing and public health leadership in FY2022-23				
11c	Present proposed enrollment increases to UC leadership, as appropriate, and coordinate with UCOP through the budget process to discuss resources needed from the state to support growth				
11d	Facilitate cross collaboration with OP and campus leaders regarding health professions growth and finalize plan/strategy for nursing and public health by June 2023				

Metrics and Targets:
1. UC health professional schools in medicine utilize new systemwide enrollment plan developed in 2021 to inform enrollment decisions by Fall 2022. Subsequent health professions that develop enrollment plans will implement actions within a year of development
2. Evidence of increased UC enrollments in identified areas of state health workforce needs (over UC baseline 2016-17 levels) by Fall 2023

Activity Update (CY2021):
1. The State Budget passed in June 2021 included $12.9 million in new, ongoing funding to UC for unfunded PRIME enrollments and expansion in number of new medical students, including at two new PRIME programs focused on American Indians/Native Americans and Black/African Americans
2. UC Health discussed plans for enrollment growth in undergraduate medical education with UC SOM deans/leadership, and developed plans for systemwide enrollment growth to 2030. This overview was presented to Regents at the December 15, 2021 Health Services Committee meeting. Planning for new PRIME programs is underway
3. Roadblock:
   - UC Health leadership and staff shifted focus to respond to the impacts of COVID-19 on UC health science academic programs, which reduced the bandwidth of OP and campus leadership to advance this goal beyond medical education. The focus will now shift to nursing and public health as next priorities

Executing the Mission

SFHP/Tauber

Goal: Lead systemwide improvements at all campuses for broader access to UC physical and behavioral health providers using all modalities available, including telemedicine, by December 2023

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 model to improve access for faculty, students and staff by the end of 2022 at one campus—likely to be Merced. Learn from this first experience to expand UC health services to all campuses. 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

UCH Goal 12   Improve Access to UC Health Services for All Campuses

#	Goal/Key Strategies & Timeline	19-20	20-21	21-22	22-23
12	**Lead systemwide improvements at all campuses for broader access to physical and behavioral health using all modalities available, including telemedicine, by December 2023**				
12a	Partner with UCSF, UCSF-Fresno, UC Davis, UC Merced and UC Health (UCOP) to create a clinical solution for expanding access to health care services by leveraging existing community providers by December 2022				
12b	Create a new UC health service resource/facility serving UC Merced faculty, students and staff by December 2022				
12c	Continue work to create clinics at UC Santa Barbara with UCLA Health by December 2023				
12d	Develop business plans and build a funding mechanism to support establishment of start-up clinics by December 2023				

Metrics and Targets:

1. Merced model commences by December 2022
2. Business plan and funding model for UCSB clinic by December 2023

Activity Update (CY2021):

1. Workgroup established to deliver solution to UC Merced campus to expand access with representatives from UCM, UCD, UCSF, UCSF-Fresno and UCOP. Market evaluation and employee survey completed. Establishment of a clinic has been ruled out—instead focusing on leveraging existing physicians to expand hours and provide additional coverage. Looked at funding model to cover cost of operations above revenues generated through services delivered
2. UCLA has established two locations in Santa Barbara. Working with Health Net to include them in Blue & Gold network
3. Canopy expanded into Santa Cruz, contracted with Blue & Gold to extend the footprint and provide additional access to UC affiliated health care
4. Supported development of virtual health for students and ultimately all UC patients. Huge increase in televisits prompted by COVID-19
5. Supported second opinion service development with UC providers